

POOR LEGIBILITY

ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ
DUE TO THE QUALITY OF THE ORIGINAL

HVN ENVIRONMENTAL SERVICE CO., INC.

ENVIRONMENTAL ENGINEERS / CONTRACTORS
CA CONTRACTOR'S LICENSE #680768

15661 Producer Lane, Unit E
Huntington Beach, CA 92649
(714) 893-0588
FAX (714) 892-9059
hvnenvironmental@aol.com

NMIL
SCIR

RECEIVED

FILE NO. 1761T
March 9, 2003

LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC WORKS
Environmental Program Division
900 S. Fremont Ave.
Alhambra, CA 91803

MAR 18 2003

DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION

Attention: UST Engineer

Subject: **TESTING OF UST SECONDARY CONTAINMENT SYSTEMS (SB 989) AT
INTERIOR REMOVAL SPECIALIST, INC., 9309 RAYO AVENUE, SOUTH
GATE, CA 90280**

Dear UST Engineer:

On March 3, 2003, HVN Environmental Service Co., Inc. (HVN) tested the underground storage tanks systems at the subject site in accordance with CCR Title 23, Division 3, Chapter 16, §2637. The test result is provided on the attached State Water Resource Control Board form.

If you have any questions, please call Tony Markarian or the undersigned.

Very truly yours,

HVN ENVIRONMENTAL SERVICE CO., INC.



Kenneth K. Hekimian, Ph.D., RCE, REA
Principal in Charge

KKH/tvs

cc: Interior Removal Specialist, Inc.
9309 Rayo Avenue
South Gate, CA 90280
Attn: Ms. Veronica Martin del Campo

0373799

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable) should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Interior Removal Specialist Inc.	Date of Testing: 03/03/03
Facility Address: 9309 Rayo Avenue, South Gate, CA 90280	Phone: 323-357-6900
Facility Contact: Ms. Veronica Martin del Campo	
Date Local Agency Was Notified of Testing: 2/24/03	
Name of Local Agency Inspector Present:	

2. TESTING CONTRACTOR INFORMATION

Company Name: HVN Environmental Service Co., Inc.		
Technician Conducting Test: Ernesto Davilla		
Credentials:	CSLB Licensed Contractor: Yes	SWRCB Licensed Tank Tester:
License Type and #: General Engineering "A", #680768		
Manufacturer	Training by Manufacturer Component(s)	Date Training Expires
Incon	TS-ST5	12/28/04

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Pass	Fail	Not Tested	Repairs Made
One Tank Interstitial			X					
Tank Sump		X						
Piping			X					
Tank sumps (three)								
UDC (six)								
Spill/overflow containment boxes (three)								

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Transferred to next site

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Ernesto Davilla

Date: March 9, 2003

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input checked="" type="checkbox"/> Other (Specify)		
Test Method Uses:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Measuring Equipment Used for Testing:		Equipment Resolution:	
	Tank #1	Tank #	Tank #
Is Tank Exempt from Testing? ¹			
Tank Capacity:			
Tank Material:			
Tank Manufacturer:			
Product Stored:			
Wait time between applying Pressure/vacuum/water and storing test:			
Test Start Time:			
Initial Reading (R_i):			
Test End Time:			
Final Reading (R_f):			
Test Duration:			
Change in Reading ($R_f - R_i$):			
Pass/Fail Threshold or Criteria:			
Test Result:			
Was sensor removed for testing?			
Was sensor properly replaced after testing?			

Comments – (include information on repairs made prior to testing)

Unable to disconnect connection to remove annular space sensor and install vacuum gauges.

¹Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Piping Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Uses:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: 0 to 15 PSI Glycerin filled pressure gauge		Equipment Resolution: 0.2 PSI	
	Piping Run #1	Piping Run #	Piping Run #
Piping Material:			
Piping Manufacturer:			
Piping Diameter:			
Length of Piping Run:			
Product Stored:			
Method and location of piping-run isolation:			
Wait time between applying pressure/vacuum/water and starting test:	N/A		
Test Start Time:			
Initial Reading (R_i):			
Test End Time:			
Final Reading (R_f):			
Test Duration:			
Change in Reading ($R_f - R_i$):			
Pass/Fail Threshold or Criteria:			
Test Result:			

Comments – (include information on repairs made prior to testing)

Piping at sump end no testing boot and at the pump end covered with concrete.

6. PIPING SUMP TESTING

Test Method Developed By:	<input checked="" type="checkbox"/> Piping Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Uses:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used:	Glycerin-filled pressure gauge (0 to 15 PSI)		Equipment Resolution: 0.2 PSI
	Sump #1	Sump #	Sump #
Sump Diameter:	42"		
Sump Depth:	39"		
Sump Material:	Fiberglass		
Height from Tank Top to Highest Piping Penetration:	12"		
Height from Tank Top to Lowest Electrical Penetration	6"		
Condition of sump prior to testing:	Good		
Portion of Sump Tested ¹	15"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	N/A		
Turbine shutdown response time*	N/A		
Is system programmed for fail-safe shutdown?*	N/A		
Was fail-safe verified to be operational?*	N/A		
Wait time between applying pressure/vacuum/water and starting test:	60 minutes		
Test Start Time:	8:50 a.m.		
Initial Reading (R _i):	5.5224"		
Test End Time:	9:05 a.m.		
Final Reading (R _f):	5.5609"		
Test Duration:	15 minutes		
Change in Reading (R _f - R _i):	0.0715		
Pass/Fail Threshold or Criteria:	0.002		
Test Result:	Fail		
Was sensor removed for testing?	Yes		
Was sensor properly replaced and verified functional after testing?	No		

Comments – (include information on repairs made prior to testing)

Upon arrival tank sump had six inches of water in bottom, monitoring system on alarm, sensors not functional, no penetration seals.

¹ If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:		<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
		<input type="checkbox"/> Other (Specify)		
Test Method Uses:		<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
		<input type="checkbox"/> Other (Specify)		
Test Equipment Used:		Equipment Resolution:		
	UDC #	UDC #	UDC #	UDC #
UDC Manufacturer:				
UDC Material:				
UDC Depth:				
Height from Tank Top to Highest Piping Penetration:				
Height from UDC Bottom to Top of Highest Piping Penetration:				
Condition of UDC prior to testing:				
Portion of UDC Tested ¹				
Does turbine shut down when UDC sensor detects liquid (both product and water)?*				
Turbine shutdown response time*				
Is system programmed for fail-safe shutdown?*				
Was fail-safe verified to be operational?*				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R _i):				
Test End Time:				
Final Reading (R _f):				
Test Duration:				
Change in Reading (R _f - R _i):				
Pass/Fail Threshold or Criteria:				
Test Result:				
Was sensor removed for testing?				
Was sensor properly replaced and verified functional after testing?				

Comments – (include information on repairs made prior to testing)

No UDC. UDC needs to be installed.

¹ If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps <input checked="" type="checkbox"/>			
Fill Riser Containment Sumps are Present, but were Not Tested			
Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Uses:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used:		Equipment Resolution:	
	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:			
Sump Depth:			
Height from Tank Top to Highest Piping Penetration:			
Height from Tank Top to Lowest Electrical Penetration			
Condition of sump prior to testing:			
Portion of Sump Tested:			
Sump Material:			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R _i):			
Test End Time:			
Final Reading (R _f):			
Test Duration:			
Change in Reading (R _f – R _i):			
Pass/Fail Threshold or Criteria:			
Test Result:			
Is there a sensor in the sump?			
Does the sensor alarm when either product or water is detected?			
Was sensor removed for testing?			
Was sensor properly replaced after testing?			

Comments – (include information on repairs made prior to testing)

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>			
Fill Riser Containment Sumps are Present, but were Not Tested <input checked="" type="checkbox"/>			
Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Uses:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used: <i>Visual</i>		Equipment Resolution:	
	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:			
Bucket Depth:			
Wait time between applying pressure/vacuum/water and starting test:			
Test Start Time:			
Initial Reading (R_i):			
Test End Time:			
Final Reading (R_f):			
Test Duration:			
Change in Reading ($R_f - R_i$):			
Pass/Fail Threshold or Criteria:			
Test Result:			

Comments – (include information on repairs made prior to testing)

Fill riser is installed in the piping sump; therefore, it is secondary contained. See piping sump test.

WGC
CTE

CONTRACT ENVIRONMENTAL SERVICE, INC.
14759 MAINE STREET
FONTANA, CA 92336
(909) 822-6553

ATTN: DAVID DOLPHIN
310-530-5482

014 788-015534

MONITOR CERTIFICATION

CUSTOMER: MACLEOD METALS, INC. DATE 7/15/02
LOCATION: 9309 S. RAYD AVE.
SOUTH GATE, CA 90280

MANUFACTURER MSA MODEL No. TANKGARD
SERIAL No. 02761 No. OF TANKS 1
ALARMS: VISUAL OK AUDIBLE OK
PRINTER NONE MODEM NONE

PROBES:	TANK 1	TANK 2	TANK 3	TANK 4
TYPE OF PRODUCT	DIESEL			
IN TANK PROBE				
IN TANK SENSING				
ANNULAR SPACE SENSOR	PASS			
FILL SUMP SENSOR	XX			
MONITORING WELL				
POSITIVE SHUT OFF Y/N	N/A			

SAFETY: INTRINSIC OK ELECTRICAL OK
PROBE CONNECTIONS OK OTHER
REMARKS: SUCTION LINES - REPLACED PIPING SUMP SENSOR

THIS IS TO CERTIFY THAT THE ABOVE MONITOR HAS BEEN TESTED BY AN
AUTHORIZED REPRESENTATIVE OF CONTRACT ENVIRONMENTAL SERVICE, INC.,
HAS BEEN ADJUSTED AND/OR CALIBRATED AS NECESSARY, AND IS OPERATING
ACCORDING TO MANUFACTURER'S SPECIFICATIONS.

TECHNICIAN: ANTONIO DOMINGUEZ DATE: 7/15/02

0361520

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: MacLeod Metals, Inc. Bldg. No.: -
Site Address: 9309 S. Bayo Ave City: South Gate Zip: 90280
Facility Contact Person: Bill Lambert Contact Phone No.: (323) 567-7767
Make/Model of Monitoring System: MISA TANKGUARD Date of Testing/Servicing: 7/22/02

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: <u>101350L</u> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>482607</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>482607</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: <u>101350L</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____
Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____	Dispenser ID: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). _____

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): ☐ System set-up ☐ Alarm-history report

Technician Name (print): Antonio Dominguez Signature: [Signature]

Certification No.: - License No.: 94-1571

Testing Company Name: Contract Environmental Service Phone No.: (909) 822-6553

Site Address: 14759 Main St., Fontana 92336 Date of Testing/Servicing: 7/22/02

F. In-Tank Gauging / SIR Equipment:

- ☐ Check this box if tank gauging is used only for inventory control.
☒ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residus buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

- ☒ Check this box if LLDs are not installed.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

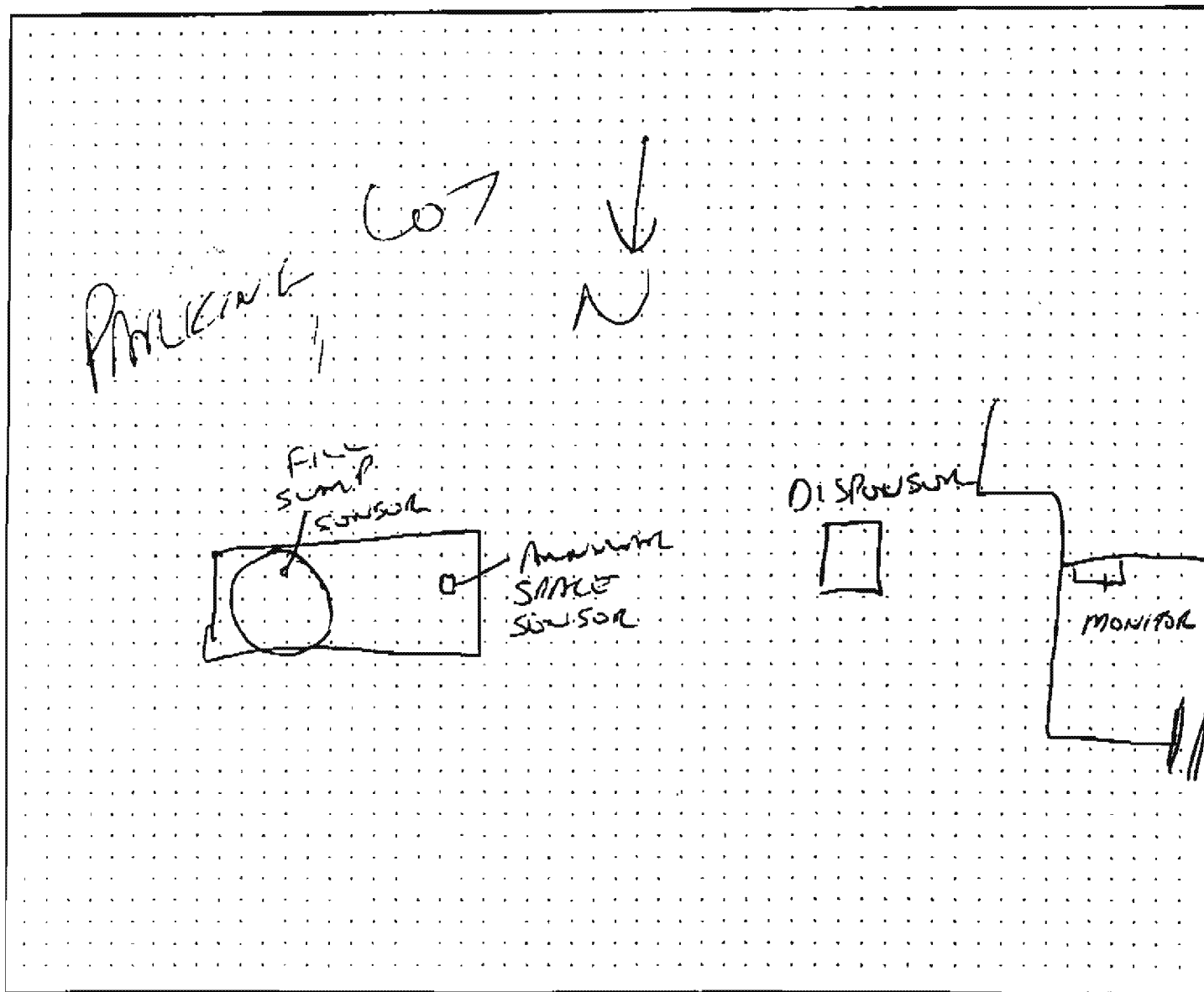
* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 9309 S. Payo Ave., South Gate 90280



Date map was drawn: 9/22/02

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Page 1 of 4

05/00

Coble, Judy

14788-15534

From: Coble, Judy
Sent: Wednesday, August 13, 2003 12:09 PM
To: 'Rita Haywood'
Subject: RE: 9309 Rayo Ave; South Gate, 90280

P-5927T

Rita,

I called Veronica Martin del Campo today at the phone number that you had given me. She told me the property & tank owner is Carlos Herrera at the site address. He needs to do a change of ownership with us & pay the outstanding fees.

Thanks, Judy

-----Original Message-----

From: Rita Haywood [mailto:RHaywood@lacofo.org]
Sent: Friday, July 18, 2003 11:22 AM
To: Coble, Judy
Subject: 9309 Rayo Ave; South Gate, 90280

Judy,
FY02/03 Notice Of Enforcement was returned with "Out of Business effective, 5/31/02, checked on the back. Additional information from previous owner states, mailing address 3640 S 35th Ave Phoenix, AZ 85089 and phone number (602) 447-3003.

I then called the new DBA "INTERIOR REMOVAL SPECIALIST," at (323) 357-6900. Veronica, the manager, claims they moved into facility January 2003. No one has paid 02/03 fees. Please advise.

Thanks,

Rita Haywood

C-389140

(31)

FCL & HMS UPDATE ONLY VIOLATION CORRECTION WORKSHEET

File 0147 SF-015534

Date: 8-3-02

Industry: Maceo Metals

Location: 9309 S Kaya Ave

Permit Number 592 TT

Date of Notice 6-20-02

Violation Number V

Notice Type: ☐ Notice ☒ Notice of Non-Compliance
 ☐ Notice of Violation and Order to Comply
 ☐ Other _____

CORRECTIONS HAVE BEEN MADE FOLLOWING ISSUANCE OF THE SUBJECT NOTICE.

Comments: Monitor Certification Certificate Submitted
dated 7-22-02

Inspector: Dan Dolphin

FORMS\INSP.RPT



County of Los Angeles
DEPARTMENT OF PUBLIC WORKS (DPW)
Environmental Programs Division
Underground Storage Tank Program
900 South Fremont Avenue, Alhambra, CA 91803

14788-15534

19

✓ 351081

NOTICE OF NON-COMPLIANCE

Date 8-20-02

Owner/Operator MACLEOD METALS
Address 9309 S RAYO AVE
City, Zip SOUTH GATE, CA 90280
Site Name MACLEOD METALS
Site Address 9309 S RAYO AVE
City, Zip SOUTH GATE 90280
File No. 014788-115534 Permit No. 57275

A recent inspection of your facility revealed the following conditions and/or practices relating to hazardous materials underground storage tanks (USTs) which are violations of California Health and Safety Code, (CHSC), Division 20, Chapter 6.7; Los Angeles County Code (LACC), Title 11, Division 4; and/or the conditions and limitations of the above permit.

PERMITS, MONITORING, TESTING AND INSPECTIONS

- ☐ No person shall own or operate a UST unless a permit to operate has been issued to the owner by DPW. (CHSC §25294, §25297(b))
- ✓ ☒ Permittee shall provide testing, monitoring, and inspections in compliance with the permit and shall maintain records adequate to demonstrate compliance. (CHSC §25294(a))

OUT OF SERVICE FACILITIES

- ☐ No facility shall be abandoned. (CHSC §25298(a))
- ☐ Facilities temporarily out of service, and intended to be returned to use, must continue to be monitored and inspected. (CHSC §25298(b))
- ☐ Facilities shall not be closed or removed except in a manner approved by DPW. (CHSC §25298(c))

RESPONSIBILITY FOR UNAUTHORIZED DISCHARGE

- ☐ Any unauthorized release which escapes from the secondary containment, or primary containment if no secondary containment exists shall report the release to DPW within 24 hours. (CHSC §25291(a)(1))

DESCRIPTION

YOU ARE HEREBY DIRECTED to comply with the following items:

- ☐ Complete and sign the attached HMUSP application.
- ☐ Complete and sign the attached Closure application.
- ☐ Complete and sign the attached State Form A and complete Form B for each tank.
- ☐ Perform tank integrity test on _____ tanks and piping.
- ☐ Install/repair and certify automatic line leak detector on pressurized piping.
- ☐ Submit Tank Monitoring Program (TMP) for approval.
- ✓ ☒ Install/repair and certify tank monitoring system.
- ☐ Site assessment investigation shall be conducted in accordance with the attached requirements.
- ☐ Immediately remove all residual liquids, solids, or sludge stored within the USTs to a legal disposal facility.
- ☐ Provide copies of completed manifest or other evidence of legal disposal for materials excavated or removed from USTs.
- ☐ Until appropriate modifications are made, immediately cease the operation of the following USTs: _____

✓ ☒ Other: MONITORING CERTIFICATION
REQUIRED

YOU ARE FURTHER DIRECTED to submit to the office below evidence of compliance with the above directives by no later than fifteen (15) days from the date of this Notice.

Failure to comply with Underground Storage Tank laws and regulation may subject you to a civil penalty of not less than \$500 or more than \$5000 for each UST for each day the violation exists or criminal fines of not less than \$5,000 or more than \$10,000, or by one year in county jail or both. (CHSC §25299)

If you have any question regarding this matter, you may contact the undersign, Monday through Friday, 8:00 am to 5:30 p.m., at the office below or by calling (818) 458-3559, Monday through Thursday, 6:45 am to 5:30 pm.

JAMES A NOYES
Director of Public Works

BY

David R. [Signature]
Waste Control Engineering Inspector
Environmental Programs Division

DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION
24310 S. NARBONNE AVE
LONITA CA 90717-1194

L.A. COUNTY DPW
DATE COMPILED: 06/25/99
RUN DATE: 02/28/02 18:53:40

HAZARDOUS MATERIALS SYSTEM
TANKS INSPECTION JOB ORDER
SCHEDULED INSPECTIONS

REPORT: FWB150.002
INSP#: I000340426
ASSC#: P00005927T
PAGE: 1

FILE #: 014788-015534
ADD: 9309 RAYO AVE
SOUTH GATE, CA 90280
XSTREET: CORVAL ST
CONTACT: LAMBERT, WILLIAM

NAME: MACLEOD METALS CO

AREA: 2J SMD: 95
THOMAS GUIDE: 0705-E4
TEL: 818 331 4027

323 567-7767

PROC: SAMPLE REQUIRED? N

INSP INFO: CERT #21887

PERM TYPE: T 0 TANK OPERATING PERMIT # OF TANKS: 1 STATUS: PERMITTED

	FREQUENCY	LAST PERFORMED	NEXT DUE
INSPECTION	12		03/27/02
SAMPLE			
SELF-MONITOR			

ASSGN TO: LENNOX FIELD OFFICE

SECT: FIELD INSPECTION UNIT

TANK #	OWNER TANK ID #	CAPACITY (GAL)	CONTENTS
001	01	6,000	DIESEL
CON: DOUBLE WALL		LDS: CONTINUOUS INTERSTITIAL MONITOR	

RESULTS:

Metal detector required.
205 working. Product being
in chamber low containment pits

REMARKS:

INSPECTOR:

David Day
J/10/11

INSPECTION DATE:

3-20-02

DISP:

DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION
HAZARDOUS MATERIAL UNDERGROUND STORAGE INSPECTION

V24357

BY _____
DATE _____
INSP# _____
NO USE ONLY

BUSINESS NAME: MAC LEOD METALS Co. SITE/FILE: 14788-15534
STREET NO.: 9309 FR: _____ DR: _____ NAME: RAYO SF: 702 UNIT: _____
CITY: SOUTH GATE ZIP: 90280 TG: 705 C-2
XSTREET: FAIRSTONE CONTACT: William Lambert TEL: _____
CERT. NO. 21887 DISPLAYED ☒ YES ☐ NO DROPTUBE TAGS IN PLACE ☐ YES ☒ NO

UST OWNER NAME: MAC LEOD METALS ☒ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP
☐ GOV. AGENCY ☐ OTHER
IS UST OWNER THE OPERATOR? ☒ YES ☐ NO OPERATORS NAME: _____
MAILING NAME: _____ ADDRESS: SSA
CITY: _____ ZIP: _____ TEL: _____

CONSENT TO INSPECT: ☐ YES ☐ NO
CONTACT: William Lambert TITLE: MOA TEL: 323 567 7767

INVENTORY RECONCILIATION:

	YES	NO	N/A
1. Inventory records complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Allowable variations exceeded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Product dipstick in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Water/Gas indicating paste utilized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SURFACE RUNOFF: _____

UST AND PIPING:

1. UST and piping locations and configurations consistent with approved plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Precision tank integrity test records reviewed: Date last tested _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Corrosion protection system installed Date last maintenance certification _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Overfill protection/pipe installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dispenser spill box installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORRECTIVE ACTION REQUIRED:

You are required to provide this office with a copy of third party certification for leak detection method

MONITORING SYSTEM:

1. Identify method of monitoring/leak detection: <u>interstitial</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Establish procedures for alarms notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Monitoring tapes/head-out reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Self-diagnostic or calibration program performed Date last maintenance certification <u>8-88</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Pursuant to Los Angeles County Code, Title 11, Division 4, §11.84.020, correction of the above conditions is required within 30 days from the date of this notice. Upon completion of corrective action, contact the undersigned at (310) 531-4862 between 8:00 a.m. and 5:30 p.m. for compliance verification.

By:

Wanda Ryle Date 3-20-92
Inspector, Environmental Programs Division

MONITORING WELLS:

1. Wells located per approved plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wells properly surface sealed and clearly marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ON-SITE RECORDS:

1. Last 12 months leak detection records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Copy of performance claims (third party certification) for leak detection method	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Tank and/or associated piping system repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Tank and/or piping leak detection system maintenance (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Certification of financial responsibility (petroleum sites only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of records if not on-site _____

OTHER:

OUTSIDE OPERATIONS: none

The undersigned hereby acknowledges receipt of a copy of this report and/or Notice:

Name Wanda Ryle
Title _____ Date _____

L.A. COUNTY DPW
DATE COMPILED: 06/26/95
RUN DATE: 02/25/99 19:31:10

HAZARDOUS MATERIALS SYSTEM
TANKS INSPECTION JOB ORDER
SCHEDULED INSPECTIONS

REPORT: HMB150.002
INSP#: I000249558
ASSC#: P00005927T
PAGE: 1

~~XXXXXXXXXXXX~~ NAME: MACLEOD METALS CO

ADD: 9309 RAYO AVE
SOUTH GATE, CA 90280
XSTREET: CORVAL ST
CONTACT: LAMBERT, WILLIAM

AREA: 2J SMD: 95
THOMAS GUIDE: 0000-00
TEL: 818 331 4027

PROC: SAMPLE REQUIRED? N

INSP INFO: TNK LOCATED S/W CORNER OF PROPERTY BY RAYO AVE
MONITORING PANEL INSIDE BLDG.

PERM TYPE: T 0 TANK OPERATING PERMIT # OF TANKS: 1 STATUS: PERMITTED

	FREQUENCY	LAST PERFORMED	NEXT DUE
INSPECTION	36		03/27/99
SAMPLE			
SELF-MONITOR			

ASSGN TO: LENNOX FIELD OFFICE

SECT: FIELD INSPECTION UNIT

TANK #	OWNER TANK ID #	CAPACITY (GAL)	CONTENTS
001	01	6,000	DIESEL
CON: DOUBLE WALL		LDS: CONTINUOUS INTERSTITIAL MONITOR	

RESULTS:

Blue certification sheet same as job order
Blue tag on tank ok.

REMARKS:

Spent 2hrs.

INSPECTOR:

Edward Calleros

INSPECTION DATE:

5-3-99

DISP:

[Signature]

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
HAZARDOUS MATERIAL UNDERGROUND STORAGE INSPECTION

HMS UPDATE

BY _____

DATE _____

INSP# _____

HQ USE ONLY

BUSINESS NAME: Macleod Metals Co. FILE NO.: 14788 AREA: 2J
STREET NO.: 9309 FR: _____ DR: _____ NAME: Kayo SF: Ave UNIT: _____
CITY: So. Gate ZIP: 90280 TG: _____
XSTREET: Corval St. CONTACT: William Lambert TEL: 818 331 4027

UST OWNER NAME: Macleod Metals ☒ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP
☐ GOV AGENCY ☐ OTHER

IS UST OWNER THE OPERATOR? ☒ YES ☐ NO: OPERATORS NAME _____

MAILING NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ TEL: _____

CONSENT TO INSPECT: ☒ YES ☐ NO

CONTACT: William Lambert TITLE: Mgr. TEL: 213 567 7767

INVENTORY RECONCILIATION:

	YES	NO	N/A
1. Inventory records complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Allowable variations exceeded	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Product dipstick in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Water/Gas indicating paste utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SURFACE RUNOFF: none

UST AND PIPING:

1. UST and piping locations and configurations consistent with approved plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Precision tank integrity test records reviewed:				
Date last tested	<u>9-98</u>			
3. Corrosion protection system installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date last maintenance certification	<u>3-90</u>			
4. Overfill protection/pipeline installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date installed	<u>3-90</u>			

CORRECTIVE ACTION REQUIRED:

MONITORING SYSTEM:

1. Identify method of monitoring/leak detection: <u>interstitial monitoring</u>				
2. Established procedures for alarms notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Monitoring tapes/read-out reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Self-diagnostic or calibration program performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date last maintenance certificate	<u>9-98</u>			

☐ Pursuant to Los Angeles County Code, Title 11, Division 4, §11.84.020, correction of the above conditions is required within 30 days from the date of this notice. Upon completion of corrective action, contact the undersigned at (_____) _____ between 8:00 am and 9:30 pm for compliance verification.

By:

Edward Calleros DATE 5-3-99

Inspector, Waste Management Division

MONITORING WELLS:

1. Wells located per approved plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Wells properly surface sealed and clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ON-SITE RECORDS:

1. Last 12 months leak detection records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of performance claims (third party certification) for leak detection method	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tank and/or associated piping system repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tank and/or piping leak detection system maintenance (last 12 months)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Certification of financial responsibility (petroleum site only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of records if not on-site _____

OTHER:

OUTSIDE OPERATIONS: none

The undersigned hereby acknowledges receipt of a copy of this report and/or Notice:

Name

William Lambert

Title

Mgr.

Date

5/3/99

Los Angeles County Department of Public Works
Environmental Programs Division
900 South Fremont Avenue, Annex 3rd floor
Alhambra, Ca 91303-1331
Telephone (626) 458-3517 - Fax (626) 458-3569

CA Cert. No. 21887



File No: 014788 - 015534
Fac Name: MACLEOD METALS CO
Site add: 9309 RAYO AVE
Site city: SOUTH GATE
Site Zip: 90280
Area/City: (2J) SOUTH GATE

DPW Permit No: 00005927T
CUPA NO: 001845-1
STATE ID: 19 000 015534

Certificate issued to:

MACLEOD METALS CO
9309 RAYO AVE

SOUTH GATE, CA 90280
Date: 02/25/1999

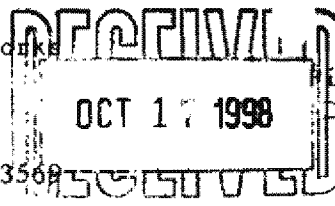
**An upgrade compliance certificate
has been issued in connection with
the operating permit for the
facility indicated below. The
certificate number on this facsimile
matches the number on the
certificate displayed at the facility.**

PAGE 1 OF 1

Motor Vehicle Fuel/Petroleum Tanks in Compliance:

DPW Tank No.	Owner's Tank No.	Size Gallons	Contents	Product/Fuel Type
1	01	6000	MOTOR VEHICLE FUEL	DIESEL

Los Angeles County Department of Public Works
Environmental Programs Division
900 South Fremont Avenue, Annex 3rd Floor
Alhambra, Ca 91303-1331
Telephone (626) 458-3517 - Fax (626) 458-3569



PAGE 1 OF 2
File No 014788 - 015534
DPW Permit No 000059271
Number of tanks 1
Corr No ~~236732~~
243518

The purpose of this questionnaire is to verify your underground storage tank (UST) records and mailing address on file with the Department of Public Works (DPW). Return of this questionnaire is mandatory in order to enable DPW to issue compliance stickers for motor vehicle fuel (MVF)/petroleum USTS required after January 1, 1999, as defined by CCR, SEC. 2611 and provided by CH&SC, SEC. 25292.3.

MACLEAD METALS CO.
9309 RAYO AVE

SOUTH GATE, S

CA 90280

RECEIVED

FEB 25 1999

DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION

Mailing address correct: ☒
Mark any corrections. NOTE:
If you are a new owner, an
application for transfer is
required. New owner: ☒

UNDERGROUND STORAGE TANK MANDATORY COMPLIANCE QUESTIONNAIRE MUST BE COMPLETED AND RETURNED TO DPW BY OCTOBER 29, 1998.

Facility name: MACLEAD METALS CO.

Site address: 9309 RAYO AVE

Contact person: WILLIAM LAMBERT Telephone (313) 567-7767 ext
Fax no. (313) 567-5728

There are 1 MVF/petroleum USTS and 0 non-petroleum USTS registered at this site.

A Certificate of Financial Responsibility IS NOT on file for this site.

Our initial review indicates that all MVF/petroleum USTS ARE NOT IN COMPLIANCE (see individual tank information on next page(s).)

All USTS, regardless of contents, must be in compliance with State and Federal regulations by December 22, 1998, or out of service and in the process of closure. Review the information below for each UST at this site and verify how you want your MVF/petroleum UST certificates handled. Make any necessary corrections to the data shown, sign the affidavit below and return all pages (and any missing documentation) to DPW in the enclosed envelope. Items marked with an asterisk (*) require submittal of missing information or documents. Items marked with the symbol (C) require the submittal of a Certificate of Compliance (State Form "C") and supporting documentation. If you plan to upgrade or close a UST after December 22, 1998, you must eliminate the UST from service, remove the contents to a legal point of disposal and file for temporary or permanent closure with DPW no later than December 21, 1998. Owners who abandon, remove or fill USTS without prior authorization from DPW will be prosecuted.

Compliance certification should be sent to: Site address _____ Mailing address _____
We wish to pick up certificates in person ☒ (you will be notified of date and time)

The Undersigned certifies under penalty of perjury that to the best of my belief and knowledge, the information provided is true and correct.

Signature: William A. Lambert Date: 10/19/98

Printed name: WILLIAM LAMBERT Title: PLANT MANAGER

File No 014788 - 015534 Correspondence No.000236752
TANK NO.: 1 MVF/PETROLEUM TANK: YES IN COMPLIANCE: NO REMARKS: _____
Owner's tank no: 01 Date installed: 01/01/90 CAP.: 6000 G _____
Tank manufacturer: TRUSCO Contents: DIESEL _____
Tank construction: DOUBLE WALL Material: FIBERGLASS (FRP) _____
Interior lining: N/A Date installed: N/A _____
Corrosion protection: CATHODIC PROT Date installed: _____
Methanol compatible tank: NO Drop tube installed: 01/01/90 _____
Spill prevention device: YES Date installed: 01/01/90 _____
Overfill prevention device: BALL FL Date installed: 01/01/90 _____
Tank leak detection system: Primary: CONTINUOUS INTERSTITIAL MONIT *MSA - TANK GUARD*
SER#027617 Secondary: MANUAL INVENTORY RECONCILIAT _____
Tank test date: N/A Striker plate: YES _____
Underground piping: PRESSURE Construction type: DOUBLE WAL _____
Piping material: FRP-FIBERGLASS _____
Aboveground piping: Construction type: _____
Piping material: _____
Dispenser containment in place: N/A Date installed: _____
Leak detection: CONT INTERSTI Line test date: N/A _____

**** END OF QUESTIONNAIRE ****

Sily -

*This is the detail on the tank as per
Los Angeles county.*



State of California
State Water Resources Control Board

For Regular Agency Use Only

PAGE 1

(Instructions on reverse)

CERTIFICATION OF FINANCIAL RESPONSIBILITY

FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

☒ 500,000 dollars per occurrence

or

☐ 1 million dollars per occurrence

AND

☒ 1 million dollars annual aggregate

or

☐ 2 million dollars annual aggregate

B. MACLEOD METALS CO hereby certifies that it is in compliance with the requirements of Section 2807,
(Name of Tank Owner or Operator)

Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
POLICY	MCALLEAR ASSOCIATES 5303 - 28th ST. CT. SE. P.O. BOX 111 GRAND RAPIDS, MI 49501	000 114 79.5 3TA 249893 00	500,000	1/20/99 TO 1/20/2000		

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
MACLEOD METALS CO.	9309 RAYO AVE. SOUTH GATE, CA 90280
Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator <u>William A. Lambert</u>	Date <u>12-29-1998</u>	Name and Title of Tank Owner or Operator <u>WILLIAM LAMBERT PLANT MGR</u>
Signature of Witness or Notary <u>Gloria R. Duran</u>	Date	Name of Witness or Notary

NO. 000114795

COVER NOTE

of Insurance effected through
McALEAR ASSOCIATES, INC.

5303 - 28th Street Court SE, P O Box 111, Grand Rapids, MI 49501-0111, (616) 942-8000, FAX (616) 942-0870

Insurance described below has been effected with the following company or companies

COMPANY: Agricultural Excess and Surplus Insurance Company **PERCENT:** 100%

INSURED: MacLeod Metals Co
9309 Rayo Ave
Southgate, CA 90280

Locations Insured Herein: Per Company File

TERM: January 20, 1999 (12:01 a.m.) **TO** January 20, 2000 (12:01 a.m.)

TYPE OF COVERAGE: Pollution Liability Coverage Form: Designated Sites
Claims Made Form AESIC Form # GAI 9002 (6/95) XS

LIMITS: \$ 500,000 Each Environmental Incident Limit
\$1,000,000 General Aggregate Limit
\$ 100,000 Defense Limit Per Environmental Incident

The Defense limit is outside of the policy limits

DEDUCTIBLE: \$10,000 Each Environmental Incident
Including Loss Adjustment Expenses

RATE: Flat

NO FLAT CANCELLATION

PREMIUM: \$675 Annual Minimum & Deposit

For Additional Terms and Conditions See Page 2

If the Assured shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this certificate shall become void, and all claims thereunder shall be forfeited.

COVER NOTE PROVISIONS

1. Cancellation of this Cover Note shall be in accordance with the provisions of the applicable policy.
2. This Cover Note shall be terminated by the issuance of the policy by the Company and the premium shall be credited thereon.

3. **SERVICE OF SUIT** - It is agreed that in the event of the failure of the Company(s) hereon to pay amount claimed to be due hereunder, the Company(s) hereon, at the request of the insured (or reinsured), will submit to the jurisdiction of any Court of competent jurisdiction within the United States and will comply with all requirements necessary to give such Court jurisdiction and all matters arising hereunder shall be determined in accordance with the law and practice of such Court.

It is further agreed that service of process in such suit may be made upon the Company's legal representative and that in any suit instituted against any one of them upon this contract, the Company(s) will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of the Company(s) in any such suit and/or upon the request of the insured (or reinsured) to give a written undertaking to the insured (or reinsured) that they will enter a general appearance upon the Company(s) behalf in the event such suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, the Company(s) hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the insured (or reinsured) or any beneficiary hereunder arising out of this contract of insurance (or reinsurance), and hereby designate the above-named as the person to whom the said officer is authorized to mail such process or a true copy thereof.

Signed at Grand Rapids, Michigan, on January 25, 1999
McALEAR ASSOCIATES, INC.

By 

INSURED: MacLeod Metals Co

NOTES & COMMENTS:

- 25% Minimum Earned Premium in the event of cancellation
- Premium due & payable within 30 days of effective date
- Retroactive Date: Policy Inception
- Optional Extended Reporting Period: 360 days at not more than 50% of the annual premium

COVERAGE:

Coverage is Third Party Bodily Injury and Property Damage including Government Mandated "Clean-up Costs" Liability and applies to specified underground storage tanks at the scheduled insured site(s).

INSURED SITE(S):

9309 Rayo Ave
Southgate, CA 90280

NOTABLE EXCLUSIONS:

- An "environmental incident" from anything other than an "underground storage tank".
- An "environmental incident" that commences prior to the Retroactive Date
- An "environmental incident" as a result of any spill or overflow that occurs during the "loading" or "unloading" of an "Underground Storage Tank" unless reported to the company within 72 hours of the spill or overflow.
- Costs to repair, replace or remove an "underground storage tank".
- The cost of removing, replacing or recycling the contents of an "underground storage tank".
- Punitive, exemplary or treble damages.
- Fines and/or Penalties
- An "underground storage tank" which has been sealed off, closed, abandoned or removed from use or alienated or closed, sealed off or removed from use under the authority of any statute, ordinance or governmental regulation or directive - prior to the Retroactive date.

SEE PAGE 3 FOR ADDITIONAL TERMS & CONDITIONS

NO. 000114795

COVER NOTE

Page Three

INSURED: MacLeod Metals Co

ADDITIONAL TERMS:

- Sites and Tanks will be specifically scheduled
- Additional Insureds may be added for a premium charge of 10% of the annual premium. This charge is made only one time regardless of the number of additional insureds.
- ALL OTHER TERMS AND CONDITIONS PER THE COMPANY FORM (Please request a Specimen Policy)

ITEMS REQUIRED WITHIN 21 DAYS OF BINDING:

- Original Signed & Dated AESIC application along with the completed CORRECTED Tank Data Sheet and Location Information Supplement.
- Current Financial Statement or Income & Balance sheet
- Assigned Policy Number: BTA2149893 00
- Subject to Policy Issuance

DEFINITIONS OF
MINIMUM & DEPOSIT PREMIUM
AND
MINIMUM EARNED PREMIUM

The following terms often cause confusion and misunderstanding, particularly among insureds or producers not accustomed to dealing with surplus lines carriers. It is important that the definitions be understood.

MINIMUM & DEPOSIT

This is the amount of the premium due at inception. Although the policy is "ratable", that is, subject to adjustment based on a rate per exposure unit, under no circumstances will the annual earned premium be less than the minimum premium. In other words, the policy may generate an additional premium based on audit but not a return.

If such a policy is cancelled mid-term, the earned premium will be the greater of the annual minimum times the short rate or pro-rata factor, or the actual earned as determined by audit, subject to a short rate penalty if applicable.

MINIMUM EARNED PREMIUM

A minimum earned premium endorsement can be attached to either a flat charge policy or an adjustable policy. In either case, this amount is the least that will be retained by the carrier once the policy goes into effect. The amount retained will be the greater of the actual earned premium whether calculated on a pro-rata or short rate basis, or the minimum earned premium.

Los Angeles County Department of Public Works
Environmental Programs Division
900 South Fremont Avenue, Annex 3rd floor
Alhambra, Ca 91303-1331
Telephone (626) 458-3517 - Fax (626) 458-3569

PAGE 1 OF 2
File No 014788 - 015534
DPW Permit No 00005927T
Number of tanks 1
Corr No 243318

The purpose of this questionnaire is to verify your underground storage tank (UST) records and mailing address on file with the Department of Public Works (DPW). Return of this questionnaire is mandatory in order to enable DPW to issue compliance stickers for motor vehicle fuel (MVF)/petroleum USTS required after January 1, 1999, as defined by CCR, SEC. 2611 and provided by CH&SC, SEC. 25292.3.

MACLEAD METALS CO.
9309 RAYO AVE

SOUTH GATE, CA 90280

Mailing address correct: Y/N
Mark any corrections. NOTE:
If you are a new owner, an
application for transfer is
required. New owner: Y/N

UNDERGROUND STORAGE TANK MANDATORY COMPLIANCE QUESTIONNAIRE MUST BE COMPLETED AND RETURNED TO DPW BY JANUARY 1, 1999

Facility name: MACLEAD METALS CO. Site address: 9309 RAYO AVE

Contact person: _____ Telephone () _____ ext _____
Fax no. () _____

There are 1 MVF/petroleum USTS and 0 non-petroleum USTS registered at this site.

A Certificate of Financial Responsibility IS NOT on file for this site.

Our initial review indicates that all MVF/petroleum USTS ARE NOT IN COMPLIANCE (see individual tank information on next page(s).)

All USTS, regardless of contents, must be in compliance with State and Federal regulations by December 22, 1998, or out of service and in the process of closure. Review the information below for each UST at this site and verify how you want your MVF/petroleum UST certificates handled. Make any necessary corrections to the data shown, sign the affidavit below and return all pages (and any missing documentation) to DPW in the enclosed envelope. Items marked with an asterisk (*) require submittal of missing information or documents. Items marked with the symbol (@) require the submittal of a Certificate of Compliance (State Form "C") and supporting documentation. If you plan to upgrade or close a UST after December 22, 1998, you must eliminate the UST from service, remove the contents to a legal point of disposal and file for temporary or permanent closure with DPW no later than December 21, 1998. Owners who abandon, remove or fill USTS without prior authorization from DPW will be prosecuted.

Compliance certification should be sent to: Site address _____ Mailing address _____
We wish to pick up certificates in person _____ (you will be notified of date and time)

The Undersigned certifies under penalty of perjury that to the best of my belief and knowledge, the information provided is true and correct.

Signature: _____ Date: _____

Printed name: _____ Title: _____

File No 014788 - 015534 Correspondence No.000243318

TANK NO.:	1	MVF/PETROLEUM TANK:	YES	IN COMPLIANCE:	NO	REMARKS:	
Owner's tank no:	01	Date installed:	01/01/90	CAP.:	6000 G		
Tank manufacturer:	TRUSCO	Contents:	DIESEL				
Tank construction:	DOUBLE WALL	Material:	FIBERGLASS (FRP)				
Interior lining:	N/A	Date installed:	N/A				
Corrosion protection:	CATHODIC PROT	Date installed:					
Methanol compatible tank:	NO	Drop tube installed:	01/01/90				
Spill prevention device:	YES	Date installed:	01/01/90				
Overfill prevention device:	BALL FL	Date installed:	01/01/90				
Tank leak detection system:	Primary:	CONTINUOUS INTERSTITIAL MONIT					
	Secondary:	*					
Tank test date:	N/A	Striker plate:	YES				
Underground piping:	PRESSURE	Construction type:	DOUBLE WAL				
	Piping material:	FRP-FIBERGLASS					
Aboveground piping:		Construction type:					
	Piping material:						
Dispenser containment in place:	N/A	Date installed:					
Leak detection:	CONT INTERSTI	Line test date:	N/A				

***** END OF QUESTIONNAIRE *****

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
HAZARDOUS MATERIAL UNDERGROUND STORAGE INSPECTION

HMS UPDATE
BY _____
DATE _____
INSP# _____

-HQ USE ONLY-

BUSINESS NAME: MacLead Metals Co. FILE NO. 614755 AREA 2J
STREET NO. 9369 FR. _____ DR. _____ NAME: Kaye SF. Ave UNIT: _____
CITY: Se. Calif ZIP: 90280 TG: _____
XSTREET: Corval St. CONTACT: William Lambert TEL: 213 567 7767

UST OWNER NAME: MacLead Metals Co. ☒ CORPORATION ☐ INDIVIDUAL ☐ PARTNERSHIP
☐ GOV AGENCY ☐ OTHER

IS UST OWNER THE OPERATOR? ☒ YES ☐ NO: OPERATORS NAME _____

MAILING NAME: _____ ADDRESS: _____
CITY: _____ ZIP: _____ TEL: _____

CONSENT TO INSPECT: ☒ YES ☐ NO
CONTACT: William Lambert TITLE: Manager TEL: 213 567 7767

INVENTORY RECONCILIATION: YES NO N/A
1. Inventory records complete ☒ ☐ ☐ ☐
2. Allowable variations exceeded ☐ ☒ ☐ ☐
3. Product dipstick in good condition ☒ ☐ ☐ ☐
4. Water/Gas indicating paste utilized ☐ ☐ ☐ ☒

SURFACE RUNOFF: none

UST AND PIPING:

1. UST and piping locations and configurations consistent with approved plans ☒ ☐ ☐ ☐ ☐
2. Precision tank integrity test records reviewed: 9-95
Date last tested _____
3. Corrosion protection system installed ☒ ☐ ☐ ☐ ☐
Date last maintenance certification 3-90
4. Overfill protection/fillpipe installed ☒ ☐ ☐ ☐ ☐
Date installed 3-90

CORRECTIVE ACTION REQUIRED:

MONITORING SYSTEM:

1. Identify method of monitoring/leak detection: interstitial monitoring
2. Established procedures for alarms notification ☒ ☐ ☐ ☐ ☐
3. Monitoring tapes/read-out reviewed ☒ ☐ ☐ ☐ ☐
4. Self-diagnostic or calibration program performed ☒ ☐ ☐ ☐ ☐
Date last maintenance certificate 9-95

MONITORING WELLS:

1. Wells located per approved plans ☐ ☐ ☐ ☐ ☒
2. Wells properly surface sealed and clearly marked ☐ ☐ ☐ ☐ ☒

ON-SITE RECORDS:

1. Last 12 months leak detection records ☒ ☐ ☐ ☐ ☐
2. Copy of performance claims (third party certification) for leak detection method ☒ ☐ ☐ ☐ ☐
3. Tank and/or associated piping system repairs ☐ ☒ ☐ ☐ ☐
4. Tank and/or piping leak detection system maintenance (last 12 months) ☐ ☒ ☐ ☐ ☐
5. Certification of financial responsibility (petroleum sites only) ☒ ☐ ☐ ☐ ☐
Location of records if not on-site _____

OTHER:

OUTSIDE OPERATIONS: none

☐ Pursuant to Los Angeles County Code, Title 11, Division 4, §11.84.020, correction of the above conditions is required within 30 days from the date of this notice. Upon completion of corrective action, contact the undersigned at (_____) between 8:00 am and 9:30 pm for compliance verification.

By:

Edward Calleros

DATE 3-11-96

Inspector, Waste Management Division

The undersigned hereby acknowledges receipt of a copy of this report and/or Notice:

Name William Lambert

Title Mgr

Date 3-11-96

RAW

-HQ USE ONLY-

OFFICE RECORD VERIFICATION	YES	NO	N/A
1. Operating Permit Current	[]	[]	[]
2. Permit Application and State Forms A & B Complete	[]	[]	[]
3. Backlogged: Correspondence Violations Inspections (Circle Items)	[]	[]	[]
4. Outstanding Fees	[]	[]	[]
5. Inventory Reconciliation Verification	[]	[]	[]
6. Notification Prior to Tank or Piping Integrity Test	[]	[]	[]
7. Report of Tank or Piping Integrity Test	[]	[]	[]
8. Date of Most Recent Test _____			
9. Reports of Unauthorized Releases	[]	[]	[]
10. Records or Certification of any Repairs	[]	[]	[]
11. Tank Closure Documents	[]	[]	[]

Need HMUSP & Fee (\$145.00)

APPLICATION FOR
☒ NEW CONSTRUCTION PLAN CLEARANCE
☐ PERMIT ADDENDUM
 HAZARDOUS MATERIALS UNDERGROUND STORAGE
 LOS ANGELES COUNTY
 DEPARTMENT OF PUBLIC WORKS
 WASTE MANAGEMENT DIVISION
 900 SOUTH FREMONT AVENUE,
 ALHAMBRA, CA 91803-1331

DO NOT WRITE IN THIS SPACE	26/5 A
RECEIVED	FILE # 15534
MAR 08 1990	R/C CODE 2J
DEPARTMENT OF PUBLIC WORKS ENGINEERING SERVICES DIVISION	HMUSP # SURCHARGE YES/NO <input checked="" type="checkbox"/> HMUSP REQ YES/NO <input checked="" type="checkbox"/> TGP _____ TGC _____

See instructions on back of this form

(A) Need Metals Co.
 OWNER/FACILITY NAME
9309 Raye Ave
 MAILING ADDRESS
South Gate CA 90280
 CITY STATE ZIP
South Gate
 FACILITY ADDRESS

(B) COMPLETE FOLLOWING:

OF EXISTING TANKS AT SITE: 91
 # OF TANKS TO BE INSTALLED: 91
 # OF TANKS TO BE REMOVED: 0
 (SEPARATE CLOSURE PERMIT REQUIRED)
 NET TANKS AT SITE: 1

PC# 1846

(C) NEW CONSTRUCTION PLAN CLEARANCE APPLICATIONS MUST BE ACCOMPANIED BY:

- ☐ STATE APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK FOR EACH TANK TO BE INSTALLED.
- ☐ FOUR (4) SETS OF CONSTRUCTION PLANS AND SPECIFICATIONS.
- ☐ NEW CONSTRUCTION PLAN CLEARANCE FEE. ENTER AMOUNT IN SPACE PROVIDED.

NUMBER OF TANKS

PLAN CLEARANCE FEE

1
2
3
4
5
6 OR MORE

\$178
\$221
\$264
\$307
\$350
\$135 + \$43 PER TANK

- ☒ PLAN CLEARANCE FEE ----->
- ☒ STATE SURCHARGE OF \$56 FOR EACH TANK INCREASING NET
NUMBER OF TANKS ----->
- ☒ TOTAL FEE = PLAN CLEARANCE FEE + STATE SURCHARGE ----->

ENTER FEE AMOUNTS BELOW
\$ <u>178.00</u>
\$ <u>0.00</u>
\$ <u>178.00</u>

MAKE CHECKS PAYABLE TO "L. A. COUNTY DEPARTMENT OF PUBLIC WORKS"

(D) SYSTEM MODIFICATION OR CHANGE PROPOSED: _____

(E) ADDENDUM APPLICATIONS MUST BE ACCOMPANIED BY:

- ☐ STATE APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK FOR EACH TANK MODIFIED OR CHANGED.
- ☐ FOUR (4) SETS OF CONSTRUCTION PLANS, SPECIFICATIONS AND/OR EXPLANATION OF MODIFICATIONS OR CHANGES.
- ☐ PERMIT ADDENDUM FEE OF \$120 ----->

\$

(F) APPLICANT OR REPRESENTATIVE:

SIGNATURE- Kenneth K Herndon

TITLE Owner

PRINTED NAME KENNETH K HERNDON

DATE _____

CONTRACTORS SHALL FURNISH STATE CONTRACTORS LIC. No. _____

CLASS _____

**PERMIT APPLICATION SUPPLEMENT/NOTICE TO F
HAZARDOUS MATERIALS UNDERGROUND STORAGE PERMIT**

14788-15534

DUE DATE: _____



Los Angeles County Department of Public Works
Waste Management Division
900 South Fremont Avenue
Alhambra, CA 91803-1331

This form must accompany all tank permit applications to operate underground storage tanks ****See instructions on back of this form****

DPW USE ONLY	
FILE #	<u>15534</u>
PERMIT #	<u>5927T</u>
R/C CODE	<u>2J</u>
SIC CODE	_____
STATE ID #	_____
TGP	TGC _____

IF THERE ARE NO UNDERGROUND TANKS AT THIS FACILITY, GO TO PARTS F & G.

(A) MACLEOD METALS CO
FACILITY NAME
9309 RAYO AVE.
MAILING ADDRESS
SOUTH GATE, CA 90280
CITY STATE ZIP CODE
FACILITY LOCATION

(B) Application is hereby made for a Hazardous Material Underground Storage Permit (HMUSP) to operate and maintain underground storage tanks within Los Angeles County jurisdiction.

NEW PERMIT ☐ EXISTING PERMIT RENEWAL ☒

Existing Permit Number P0000 5927T

Number of tanks at facility ONE

(C) Assessor parcel identification (obtain from property tax bill):

Map Book Number _____ Page Number _____ Parcel Number _____

(D) This supplement must be accompanied by:

- (1) One copy of state form "A", facility/site information, for each site.
- (2) One copy of state form "B", tank permit application information, for each tank.
- (3) Leak Detection Program (LDP) and Tank Monitoring Program (TMP) proposals.
- (4) HMUSP application fee (Complete Part E).

**RECEIVED
MAR 14 1995**

(E) Hazardous Materials Underground Storage Permit (HMUSP) fee schedule:

The HMUSP application fee shall include the first annual permit maintenance fee, and State surcharge.
Circle amount remitted.

DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION

NUMBER OF TANKS:	HMUSP (APPLICATION FEE)	ANNUAL PERMIT MAINTENANCE FEE	STATE SURCHARGE	TOTAL FEES DUE
<u>1</u>	\$184	+ \$129	+ \$56	= \$369
2	\$216	+ \$151	+ \$112	= \$479
3	\$248	+ \$173	+ \$168	= \$589
4	\$280	+ \$195	+ \$224	= \$699
5	\$312	+ \$217	+ \$280	= \$809
6 or more tanks	\$152 + \$32 per tank	+ \$107 + \$22 per tank	+ \$56 per tank	=

MAKE CHECKS PAYABLE TO: "L.A. COUNTY DEPARTMENT OF PUBLIC WORKS"

(F) Facilities claiming an exemption to regulation must complete this section:

- ☐ There are no underground storage tanks within this facility.
☐ Final interceptor(s) regulated under industrial waste Permit No. _____
☐ Underground containers within this facility are used only for emergency spill containment for above ground storage tanks.
☐ Other (attach a written statement).

(G) Tank owner representative must complete this section (see back of form):

Signature William Lambert Title PLANT MANAGER

Printed Name WILLIAM LAMBERT Date 2-10-1995

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE



MARK ONLY ONE ITEM ☐ 1 NEW PERMIT ☒ 3 RENEWAL PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 7 PERMANENTLY CLOSED SITE
☐ 2 INTERIM PERMIT ☐ 4 AMENDED PERMIT ☐ 6 TEMPORARY SITE CLOSURE

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME MACLEOD METALS CO.		NAME OF OPERATOR	
ADDRESS 9309 RAYO AVE.		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME SOUTH GATE, CA 90280	STATE CA	ZIP CODE 90280	SITE PHONE # WITH AREA CODE 213-567-7767
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*			
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST			
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input checked="" type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) LAMBERT, WILLIAM	PHONE # WITH AREA CODE 818-331-4027	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) WHITE, ELLIS	PHONE # WITH AREA CODE 310-635-0840	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME MACLEOD METALS CO.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 9309 RAYO AVE.		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME SOUTH GATE, CA 90280	STATE CA	ZIP CODE 90280	PHONE # WITH AREA CODE 213-567-7767

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER MACLEOD METALS CO.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 9309 RAYO AVE		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME SOUTH GATE	STATE CA	ZIP CODE 90280	PHONE # WITH AREA CODE 213-567-7767

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TV (TK) HQ **44-036706**

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:

I. ☒ II. ☐ III. ☐

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

OWNER'S NAME (PRINTED & SIGNED) W. LAMBERT W. Lambert	OWNER'S TITLE Plant Manager	DATE MONTH/DAY/YEAR 2-10-1995
---	---------------------------------------	---

LOCAL AGENCY USE ONLY

COUNTY # 19	JURISDICTION # 000	FACILITY # 15534
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

control

L.A. COUNTY DPW
DATE COMPILED: 06/26/95
RUN DATE: 02/29/96 19:16:49

HAZARDOUS MATERIALS SYSTEM
TANKS INSPECTION JOB ORDER
SCHEDULED INSPECTIONS

REPORT: HMB150.002
INSP#: I000157500
ASSC#: P00005927T
PAGE: 1

FILE #: 014788-015534 NAME: MACLEAD METALS CO.
ADD: 9309 RAYO AVE
SOUTH GATE, CA 90280 AREA: 2J SMD: 95
XSTREET: CORVAL ST THOMAS GUIDE: 0000-00
CONTACT: LAMBERT, WILLIAM TEL: 818 331 4027

PROC: SAMPLE REQUIRED? N

INSP INFO: Tank located SW corner of property by Rayo Ave.
Monitoring panel inside Bldg SMS

PERM TYPE: T 0 TANK OPERATING PERMIT # OF TANKS: 1 STATUS: PERMITTED

	FREQUENCY	LAST PERFORMED	NEXT DUE
INSPECTION	36		03/27/96
SAMPLE			
SELF-MONITOR			

ASSGN TO: LENNOX FIELD OFFICE

SECT: FIELD INSPECTION UNIT

TANK #	OWNER TANK ID #	CAPACITY (GAL)	CONTENTS
001	01	6,000	DIESEL
CON: DOUBLE WALLED		LDS: INTERSTITIAL MONITORING	

RESULTS: Tank info ok Vapor monitoring tested positively
when checked
Tank gassing

REMARKS: Spent 1.5 hrs.

INSPECTOR: Edward Calleros INSPECTION DATE: 3-11-96

DISP: _____

SMS

Rayo



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (818) 458-5100

THOMAS A. TIDEMANSON, Director

ADDRESS ALL CORRESPONDENCE TO
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91807-1460

April 12, 1993

Mr. William Lambert
MacLead Metals Company
9309 Rayo Avenue
Southgate, CA 90280

IN REPLY PLEASE
REFER TO FILE

WM-1
15534-2J

**HAZARDOUS MATERIALS UNDERGROUND STORAGE
CLOSURE CERTIFICATION**
FACILITY LOCATION: 9309 RAYO AVENUE, SOUTHGATE
CLOSURE PERMIT NUMBER 7834E

This office has reviewed the final closure report submitted on May 20, 1991 required as a part of the subject closure permit. Based on the information submitted, we find that all closure requirements have been completed. With the provision that the information provided to this agency was accurate and representative of existing conditions, it is our position that no further action is required at this time.

Please be advised that this letter does not relieve you of any liability under the California Health and Safety Code or Water Code for past, present, or future operations at this site. Nor does it relieve you of the responsibility to clean up existing, additional, or previously unidentified conditions at the site which cause or threaten to cause pollution or nuisance or otherwise pose a threat to water quality or public health.

Additionally, be advised that changes in the present or proposed use of the site may require further site characterization and mitigation activity. It is the property owner's responsibility to notify this agency of any changes in report content, future contamination findings, or site usage.

If you have any questions regarding this matter, please contact Rani Iyer of this office at (818) 458- 3560, Monday through Thursday, 7:00 a.m. to 5:30 p.m.

Very truly yours,

T. A. TIDEMANSON
Director of Public Works


Carl W. Sjoberg
Chief, Industrial Waste Planning & Control
Waste Management Division

UST1/CL205
C58758

cc: California Regional Water Quality Control Board
Hekimian & Associates, Inc.

HEKIMIAN & ASSOCIATES, INC.

ENVIRONMENTAL ENGINEERS & CONTRACTORS
CA CONTRACTOR'S LICENSE #500563

16692 Gothard St.
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

15534-2J

EVI/
OTHR

FILE NO. 1496R
March 31, 1993
Agency File No.
15534

COUNTY OF LOS ANGELES
Department of Public Works
Waste Management Division
900 S. Fremont Avenue
Alhambra, CA 91803-1331

Attention: Ms. Rani Iyer

Subject: **REQUEST FOR APPROVAL OF CLOSURE FOR MACLEOD METALS
COMPANY, INC., 9309 RAYO AVENUE, SOUTH GATE, CA 90280
(PERMIT NO. 6795)**

Dear Ms. Iyer:


This letter is to formally request approval of on-site closure for the two (2) 6,000 gallon diesel tanks that were slurry-filled at the subject location in 1990. Per your request this morning, we have completed a LUST evaluation that should complete your requirements (see Table 2-1). According to LACDPW hydrologic records, well #1514A, located on Nevill Avenue about 0.5 miles west of the site, measured 122.3 ft depth to groundwater (last measured April 30, 1992). The average rainfall is 13.85 inches.

Please expedite your approval process.

If you have any questions, please call.

Very truly yours,

HEKIMIAN & ASSOCIATES, INC.


Kenneth K. Hekimian, Ph.D.
President



KKH/sei

cc: Bill Lambert, Macleod Metals

RECEIVED
APR 6 1993
DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION

15534

HEKIMIAN & ASSOCIATES, INC.

ENVIRONMENTAL ENGINEERS / CONTRACTORS
CA CONTRACTOR'S LICENSE #500563

16692 Gothard St.
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

FILE NO. 1496R
March 31, 1993
Agency File No.
15534

COUNTY OF LOS ANGELES
Department of Public Works
Waste Management Division
900 S. Fremont Avenue
Alhambra, CA 91803-1331

Attention: Ms. Rani Iyer

Subject: **REQUEST FOR APPROVAL OF CLOSURE FOR MACLEOD METALS
COMPANY, INC., 9309 RAYO AVENUE, SOUTH GATE, CA 90280
(PERMIT NO. 6795)**

Dear Ms. Iyer:

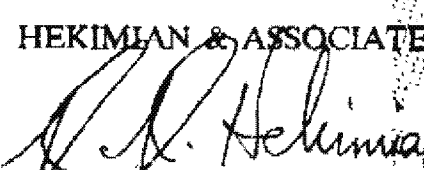
This letter is to formally request approval of on-site closure for the two (2) 6,000 gallon diesel tanks that were slurry-filled at the subject location in 1990. Per your request this morning, we have completed a LUST evaluation that should complete your requirements (see Table 2-1). According to LACDPW hydrologic records, well #1514A, located on Nevill Avenue about 0.5 miles west of the site, measured 122.3 ft depth to groundwater (last measured April 30, 1992). The average rainfall is 13.85 inches.

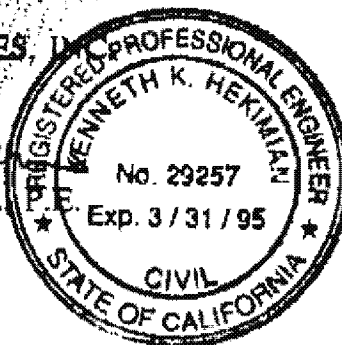
Please expedite your approval process.

If you have any questions, please call.

Very truly yours,

HEKIMIAN & ASSOCIATES, INC.


Kenneth K. Hekimian, Ph.D.
President



KKH/sci

cc: Bill Lambert, Macleod Metals

Table 2-1
Leaching Potential Analysis for Gasoline and Diesel
Using Total Petroleum Hydrocarbons (TPH)
and Benzene, Toluene, Xylene and Ethylbenzene (BTX&E)

The following table was designed to permit estimating the concentrations of TPH and BTX&E that can be left in place without threatening ground water. Three levels of TPH and BTX&E concentrations were derived (from modeling) for sites which fall into categories of low, medium or high leaching potential. To use the table, find the appropriate description for each of the features. Score each feature using the weighting system shown at the top of each column. Sum the points for each column and total them. Match the total points to the allowable BTX&E and TPH levels.

SITE FEATURE		S C O R E	SCORE 10 PTS IF CON- DITION IS MET	S C O R E	SCORE 9 PTS IF CON- DITION IS MET	S C O R E	SCORE 5 PTS IF CON- DITION IS MET
Minimum Depth to Ground Water from the Soil Sample (feet)		10	>100		51-100		25-50\1
Fractures in subsurface (applies to foothills or mountain areas)		10	None		Unknown		Present
Average Annual Precipitation (inches)			<10	9	10-25		26-40\2
Man-made conduits which increase vertical migration of leachate		10	None		Unknown		Present
Unique site features: recharge area, coarse soil, nearby wells, etc		10	None		At least one		More than one
COLUMN TOTALS-TOTAL PTS		40	+	9	+	0	= 49
RANGE OF TOTAL POINTS		49pts or more		41 - 48 pts		40pts or less	
MAXIMUM ALLOWABLE B/T/X/E LEVELS (PPM)		1/50/50/50		.3/.3/1/1		NA\3	
MAXIMUM ALLOWABLE TPH LEVELS (PPM)	GASOLINE	1000		100		10	
	DIESEL	10000		1000		100	

- \1 If depth is greater than 5 ft. and less than 25 ft., score 0 points.
If depth is 5 ft. or less, this table should not be used.
- \2 If precipitation is over 40 inches, score 0 points.
- \3 Levels for BTX&E are not applicable at a TPH concentration of 10ppm (gasoline) or 100ppm (diesel) (For explanation see step 6, page 27.)

K. K. Helminian

HAZARDOUS MATERIALS UNDERGROUND STORAGE
COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
300 S. FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331

TG p59-D3

Permit	B
File	6795
File	15534 R/C 25
Fee	\$ 179-
Check	<input checked="" type="checkbox"/> Cash <input type="checkbox"/>

OWNER: Name Macleod Metals CO. Phone (213) 567-7767
Mailing Address 9309 Rayo Ave City South Gate State CA Zip 90280

ACTIVITY:
Occupant Name Macleod Metals CO. Phone (213) 567-7767
Site Address 9309 Rayo Ave City South Gate Zip 90280
Mailing Address " City " State " Zip "
Contact Person William Lambert Title Manager

CONTRACTOR ☒ complete below: OWNER/OPERATOR AS CONTRACTOR ☐
Name Hekimian Assoc Inc Phone (714) 841-6288
State License No. 500563 Class A

CLOSURE REQUESTED:
☒ PERMANENT. TANK REMOVAL (See Conditions A and C Attached)
How many underground tanks will remain after this closure? None
☐ PERMANENT. CLOSURE IN PLACE (See Conditions A and D Attached)
☐ TEMPORARY (See Conditions A and B Attached)

TANK DESCRIPTION:		PLOT PLAN ATTACHED <input type="checkbox"/>		EXISTING HMUSP NO.	
Tank No.	Construction Material	Age (Years)	Capacity (gal)	Materials Stored (Past/Present)	
1	steel	unknown	6000	Gasoline Diesel	
2	"	"	"	Diesel	

COMPLETE THE FOLLOWING:

Has an unauthorized release ever occurred at this site?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Have structural repairs ever been made to these tanks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will new underground tanks be installed after closure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will any wells, including monitoring wells, be abandoned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTICE: CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE CLOSED MAY BE A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CHAPTER 5.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

By signature below the applicant certifies that all statements and disclosures above are true and correct and that they have read and agree to abide by this permit and all conditions and limitations attached.

Applicant's Signature Reynolds Hekimian Date 3/7/90
(Print Name) Reynolds Hekimian Phone (714) 841-6288
Owner ☐ Operator ☐ Contractor ☒

===== TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS =====
PURSUANT TO SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS [X]. THIS PERMIT EXPIRES 180 DAYS FROM THE DATE BELOW.

T.A. TIDEMANSON
Director of Public Works

By Jeffrey Chan Date 3/7/90

15534-2J

Table 2-1

Leaching Potential Analysis for Gasoline and Diesel
Using Total Petroleum Hydrocarbons (TPH)
and Benzene, Toluene, Xylene and Ethylbenzene (BTX&E)

RV1 / OTH

The following table was designed to permit estimating the concentrations of TPH and BTX&E that can be left in place without threatening ground water. Three levels of TPH and BTX&E concentrations were derived (from modeling) for sites which fall into categories of low, medium or high leaching potential. To use the table, find the appropriate description for each of the features. Score each feature using the weighting system shown at the top of each column. Sum the points for each column and total them. Match the total points to the allowable BTX&E and TPH levels.

SITE	S	SCORE	S	SCORE	S	SCORE
	C	10 PTS	C	9 PTS	C	5 PTS

058373

HEKIMIAN & ASSOCIATES, INC.

16692 Gothard St.

Huntington Beach, CA 92647

FAX TRANSMITTAL FORM

DATE: 3/31/93 TIME: 12:20 p.m. MESS. REF. #:

OF PAGES (Including Transmittal Form): 4

TO: Rani Iyer FAX NO: (818) 458-3569
Name

County of L.A. Contact Phone: (818) 458-3560

FROM: Ken Hekimian FAX NO. (714) 848-2603
Name PHONE NO. (714) 841-6288RESPONSE REQUESTED: ☒ Yes ☐ No

Comments/Notes:

Fax Machine: Minolta Fax 251

Compatibility #'s G-1, G-2, G-3

L.A. COUNTY DPW
DATE COMPILED: 02/10/93
RUN DATE: 02/27/93 08:29:18

HAZARDOUS MATERIALS SYSTEM
TANKS INSPECTION JOB ORDER
SCHEDULED INSPECTIONS

REPORT: HMB150.002
INSP#: 1000054895
ASSC#: P00005927T
PAGE: 1

FILE #: 014788-015534 NAME: MACLEOD METALS CO.
ADD: 9309 RAYO AVE
SOUTH GATE, CA 90280 AREA: 2J SMD: 95
XSTREET: CORVAL ST. THOMAS GUIDE: 0000-00
CONTACT: LAMBERT, WILLIAM TEL: 213 567 7767

PROC: SAMPLE REQUIRED? N

INSP INFO: Tank located SW corner of property by Rayo Ave.

PERM TYPE: T 0 TANK OPERATING PERMIT # OF TANKS: 1 STATUS: PERMITTED

	FREQUENCY	LAST PERFORMED	NEXT DUE
INSPECTION	36		03/27/93
SAMPLE			
SELF-MONITOR			

ASSGN TO: LENNOX FIELD OFFICE

SECT: FIELD INSPECTION UNIT

TANK #	OWNER TANK ID #	CAPACITY (GAL)	CONTENTS
001	01	6,000	DIESEL
CON: DOUBLE WALLED		LDS: INTERSTITIAL MONITORING	

RESULTS: 6,000 gallon Diesel Tank ok Hydrostatic monitoring ok
Liquid vapor monitoring ok Automatic Tank gauging ok

REMARKS: 2 - 6,000 gallon diesel stored in place
4-23-91 and 5/1/91 respectively

INSPECTOR: Edward Calleros INSPECTION DATE: 3-8-93

DISP: _____

fla

0271

UPDATE FORM (UF)

FILE No. - 15534HMUSP No. - 5927AREA 25REVIEW DATE: 8/91/72REVIEWED BY: WD/ADHMS INPUT BY: TLH

DOCUMENT DATE (APP REC'D)	DOCUMENT/ APPLICATION LISTING USTs & UST DATA	COLUMN (1) USTs PERMITTED	COLUMN (2) UST ADDITIONS	COLUMN (3) USTs CLOSED	NET USTs (A)
3/27/90		1			
3/8/90	2615A		1		
TOTALS				(A) =	1

>>>>>>>>>> ACTIVE USTs DETERMINED FROM HMS (ACT TANK CT): (B) = 1

BH:UPDATE1

UST DATA/ADJUSTMENTS

UST NO.	UST SIZE	UST CONTENTS	UST CONSTRUCTION	KEY/ APP TYPE
001	61000	Diesel	Double Wall	Key
002				
003				
004				
005				
006				
007				
008				
009				
010				
011				
012				
013				
014				
015				
016				
017				
018				
019				
020				
021				
022				

COMMENTS:

PERMIT APPLICATION SUPPLEMENT / NOTICE TO FILE
HAZARDOUS MATERIALS UNDERGROUND STORAGE PERMIT
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
900 SOUTH FREMONT AVENUE,
ALHAMBRA, CA 91803-1331

DUE DATE _____

DPW USE

FILE # 15530
PERMIT # 5927
R/C CODE 23
SIC CODE _____
STATE ID # _____
TGP _____ TGC _____

THIS FORM MUST ACCOMPANY ALL APPLICATIONS
FOR PERMIT TO OPERATE EXISTING TANKS
See instructions on back of this form

IF THERE ARE NO UNDERGROUND TANKS AT THIS FACILITY, GO TO PARTS F & G.

(A) MACLEOD METALS CO.
FACILITY NAME
9309 RAYO AVE
MAILING ADDRESS
SOUTH GATE CA 90280
CITY STATE ZIP
SAME
FACILITY LOCATION

(B) APPLICATION IS HEREBY MADE FOR A
HAZARDOUS MATERIAL UNDERGROUND STORAGE
PERMIT (HMUSP) TO OPERATE AND MAINTAIN
AN EXISTING FACILITY WITHIN
LOS ANGELES COUNTY JURISDICTION.

NUMBER OF TANKS AT FACILITY: 2

(C) ASSESSOR PARCEL IDENTIFICATION (OBTAIN FROM PROPERTY TAX BILL):

MAP BOOK NUMBER 6222 PAGE NUMBER 005 PARCEL NUMBER 075

(D) THIS SUPPLEMENT MUST BE ACCOMPANIED BY:

- [1] STATE APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK FOR EACH CONTAINER, OR COPIES OF HAZARDOUS SUBSTANCE STORAGE STATEMENTS AS FILED WITH STATE.
- [2] A STATEMENT VERIFYING SAFE STORAGE FOR EACH CONTAINER
- [3] HMUSP APPLICATION FEE (COMPLETE PART E)

(E) HAZARDOUS MATERIALS UNDERGROUND STORAGE PERMIT (HMUSP) FEE SCHEDULE:

THE HMUSP APPLICATION FEE SHALL BE THE FIRST ANNUAL INSTALLMENT OF FIVE EQUAL ANNUAL INSTALLMENTS. CIRCLE AMOUNT REMITTED.

NUMBER OF TANKS:	HMUSP FEE (FIRST INSTALLMENT)	+	STATE SURCHARGE	=	TOTAL FEES DUE
1	\$89	+	\$56	=	\$145
2	\$106	+	\$112	=	\$218
3	\$123	+	\$168	=	\$291
4	\$140	+	\$224	=	\$364
5	\$157	+	\$280	=	\$437
6 OR MORE	\$72 + \$17 PER TANK	+	\$56 PER TANK	=	

MAKE CHECKS PAYABLE TO "L. A. COUNTY DEPARTMENT OF PUBLIC WORKS"

(F) FACILITIES CLAIMING AN EXEMPTION TO REGULATION MUST COMPLETE THIS SECTION:

- [] THERE ARE NO UNDERGROUND STORAGE TANKS WITHIN THIS FACILITY.
- [] FINAL INTERCEPTOR(S) REGULATED UNDER INDUSTRIAL WASTE PERMIT # _____
- [] UNDERGROUND STORAGE TANK WITHIN THIS FACILITY IS USED ONLY FOR THE EMERGENCY SPILL CONTAINMENT FOR ABOVE GROUND STORAGE TANKS.
- [] OTHER (ATTACH A WRITTEN STATEMENT)

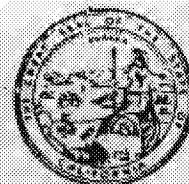
(G) ALL PERSONS FILING THIS FORM MUST COMPLETE THIS SECTION:

SIGNATURE W. Lambert

TITLE Plant Manager

PRINTED NAME W. LAMBERT

DATE 3-27-90

FORM 'A':
SITEUNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION
COMPLETE THIS FORM FOR EACH FACILITY/SITEMARK ONLY
ONE ITEM☐ 1 NEW PERMIT☐ 3 RENEWAL PERMIT☐ 5 CHANGE OF INFORMATION☐ 7 PERMANENTLY CLOSED SITE☐ 2 INTERIM PERMIT☒ 4 AMENDED PERMIT☐ 6 TEMPORARY SITE CLOSURE

I. FACILITY/SITE INFORMATION & ADDRESS — (MUST BE COMPLETED)

FACILITY/SITE NAME <i>Marleed Mobile Co.</i>		CARE OF ADDRESS INFORMATION	
ADDRESS <i>9309 Lago Ave</i>		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY
CITY NAME <i>South Gate CA</i>		STATE <i>CA</i>	ZIP CODE <i>90280</i>
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER <input type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>		EPA ID #	
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)	
DAYS: NAME (LAST, FIRST) <i>William Lambert</i>		DAYS: NAME (LAST, FIRST)	
PHONE # WITH AREA CODE <i>(818) 567-7767</i>		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		NIGHTS: NAME (LAST, FIRST)	
PHONE # WITH AREA CODE		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY	
CITY NAME		STATE	ZIP CODE
		PHONE # WITH AREA CODE	

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY	
CITY NAME		STATE	ZIP CODE
		PHONE # WITH AREA CODE	

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I ☒ II ☐ III ☐

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)

DATE

3/7/90

LOCAL AGENCY USE ONLY

COUNTY # <i>19</i>	JURISDICTION # <i>000</i>	AGENCY # <i>001</i>	FACILITY ID # <i>15534</i>	# of TANKS at SITE <i>1</i>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE <i>2J</i>	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT #
				BY: <i>TAD</i>

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)

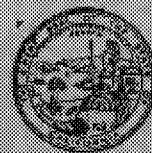
DATA PROCESSING COPY

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

FORM 'B':
TANKUNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.



MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<input type="checkbox"/> 2 INTERIM PERMIT	<input checked="" type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

FACILITY/SITE NAME WHERE TANK IS INSTALLED: 157 2700 100 FARM TANK - YES ☐ NO ☐

I. TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

A. OWNERS TANK ID # <u>1</u>	B. MANUFACTURED BY: <u>157 2700 100</u>
C. YEAR INSTALLED <u>1980</u>	D. TANK CAPACITY IN GALLONS: <u>157 2700 100</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 4 OIL <input type="checkbox"/> 5 HAZARDOUS <input type="checkbox"/> 60 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 2 LEADED <input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASOLINE <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #		C.A.S. #

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL <input type="checkbox"/> 1 STEEL/IRON <input type="checkbox"/> 2 CONCRETE <input type="checkbox"/> 3 BRASS	<input type="checkbox"/> 4 STAINLESS STEEL <input type="checkbox"/> 5 POLYVINYL CHLORIDE <input type="checkbox"/> 6 GALVANIZED STEEL	<input checked="" type="checkbox"/> 7 FIBERGLASS <input type="checkbox"/> 8 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINING <input type="checkbox"/> 2 GLASS LINING <input type="checkbox"/> 3 LINING MATERIAL COMPATIBLE WITH 100% METHANOL	<input type="checkbox"/> 4 ALKYL LINING <input type="checkbox"/> 5 UNLINED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 6 EPOXY LINING <input type="checkbox"/> 7 FIBERGLASS LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 CATHODIC PROTECTION	<input type="checkbox"/> 3 TAR OR ASPHALT <input type="checkbox"/> 4 NONE	<input type="checkbox"/> 5 VINYL WRAP <input type="checkbox"/> 6 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE A U 1 Suction A U 2 Pressure A U 3 Gravity A U 4 None A U 95 UNKNOWN A U 99 OTHER	B. CONSTRUCTION A U 1 SINGLE WALLED A U 2 DOUBLE WALLED A U 3 LINED TRENCH A U 4 None A U 95 UNKNOWN A U 99 OTHER	C. MATERIAL A U 1 STEEL/IRON A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 NONE A U 6 ALUMINUM A U 7 CONCRETE A U 8 STEEL CLAD W/FRP A U 9 100% METHANOL COMPATIBLE FRP A U 10 GALVANIZED STEEL A U 15 UNKNOWN A U 99 OTHER
---	--	---

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VAPOR WELLS	P S 4 ELECTRONIC MONITORING	P S 5 SURROUNDING WATER MONITORING WELLS
P S 6 PERIODIC TESTING	P S 7 PERMANENT TESTING	P S 8 NONE	P S 9 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MM/YY)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK (GALLONS)	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------------------------	--	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

APPLICANT'S NAME (PRINTED) & SIGNATURE

DATE

LOCAL AGENCY USE ONLY

COUNTY # <u>19</u>	JURISDICTION # <u>000</u>	AGENCY # <u>001</u>	FACILITY ID # <u>157 2700 100</u>	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER <u>2615 A</u>		PERMIT APPROVAL DATE <u>03-27-90</u>	PERMIT EXPIRATION DATE	
CHECK #	PERMIT AMOUNT	RECHARGE AMT.	PER CODE	RECEIPT #
				BY: <u>54</u>

Nº 60791

UST LOCAL OVERSITE PROGRAM - SITE ADD SHEET

**** SITE INFORMATION ****

Site ID: 15534 Site Name: MAC Lead Metals
 Street Number: 9309 Street: Rayo Ave
 City: South Gate ZIP Code: 90280
 Project Engineer (emp #): 236670 Preliminary Review: SA
 LOP Status (I/R/U/C): Inspector: Log in Date: Clerk:

**** QUARTERLY REPORT INFORMATION ****

Funding (S/F): F Federal Exempt? (Y/N): N Substance (code): 12034
 Petroleum? (Y/N): Y Date Reported (to county): 3-20-91
 Date Confirmed (into PP): 8-7-91 Rank: Case Type (U/S/G/D): S
 Contract Status (1-9): Date of Emergency Response:

RP Search (S/I/R/N/):	<u> </u>	Date Begin:	<u> </u>	Date End:	<u> </u>
Prelim Investigation (U/C):	<u> </u>	Date Begin:	<u> </u>	Date End:	<u> </u>
Site Assessment (U/C):	<u> </u>	Date Begin:	<u> </u>	Date End:	<u> </u>
Remedial Action (U/C):	<u> </u>	Date Begin:	<u> </u>	Date End:	<u> </u>
Post Rem. Monitor (Y/N/U/C):	<u> </u>	Date Begin:	<u> </u>	Date End:	<u> </u>

Enforcement Act. Taken? (Y/N): Type(1-5): Date Enf. Taken:
 Date Last Correspondence Received: Case Closed? (R/Y/):
 Date Remedial Excavation Started: Date Case Closed:
 Remedial Action Taken (code): LUFT Category (1/2/3):

**** RESPONSIBLE PARTY ADDRESS ****

RP Contact Name: William Lambert FAX:
 RP Company Name: MAC Lead Metals Co. Phone: (213) 567-7767
 Street Number: 9309 Street: Rayo Ave
 City: South Gate State & ZIP: CA 90280

**** CURRENT CONSULTANT ADDRESS ****

Contact Person Name: Kenneth K. Hekimian
 Phone Number: (714) 891-6288 FAX:
 Company Name:
 # and Street:
 City, State ZIP:

Comment:

TRANSMITTAL NOTICE

HEKIMIAN & ASSOCIATES, INC.

16692 GOTHARD
Huntington Beach, CA 92647
(714) 841-6288

102750

TO: County of Los Angeles
Dept. of Public Works
Underground Tank Div.
900 S. Fremont Ave.
Alhambra, CA 91803-1331
Attn: Ms. Rani Iyer

DATE: 5/9/91

10

FROM: Hekimian & Assoc., Inc.

TRANSMITTED HERewith ARE THE FOLLOWING:

Documents (x) Drawings () Specifications () Reports () Change ()

Schedule () Pictures () Other () _____

QUANTITY	DESCRIPTION
1	Underground Tank Closure Report at MacLeod Metals Co., 9309 Rayo Ave., South Gate, CA

Remarks: _____

Response required () No action needed ()

Date received: _____

Received by: _____

Position: _____

COUNTY OF LOS ANGELES
FIRE DEPARTMENT
FIRE PREVENTION DIVISION

TANK REMOVAL VERIFICATION
AND SITE LOG

102750

GENERAL INFORMATION

Date 3/9/90 ^{R.A.} 1-28-91 Permit # 91-46-3 R.A.
Tank Location 9309 Rayo Ave South Gate
Name of Contractor H. Kimian & Assoc.
Contractor State License # 50056E Telephone # (714) 8416288

TANK STABILIZATION

1. Remaining Liquid Removed Through Product Lines
2. Dry Ice Added (15#/1,000 gal., attach receipt)
3. Date Gas Analyzer Last Tested (no more than 3 months old)
4. L. E. L. and O₂ Level Readings

Time Complete

Contractors Signature

10:45AM J. N. Shuler
11:35AM J. N. Shuler
01-09-91
102.0% ~~0.0%~~
21% O₂
11/31/91 12:00

EXCAVATION

Continuous monitoring of vapor concentrations around the excavation site is required, log readings below every 30 minutes.

Reading	Time	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

Tank Identification # _____ EPA I.D. # CA C666256989
Tank Size 6000 Gall DIESEL Tank Type STEEL
Tank Cleaned By Shuler Shuler Signature J. N. Shuler

CERTIFIED INDUSTRIAL HYGIENIST OR CERTIFIED MARINE CHEMIST - ATTACH BUSINESS CARD

Name STUART SALOT
Time Certified 11/31/91 12:00 Signature [Signature]

TRANSPORT - ATTACH COPY OF TRANSPORTATION MANIFEST

Tank Transported By _____ To _____

Please print or type. Form designed for use on either dot matrix or laser printer.

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law					
1. Generator's Name and Mailing Address MCTEED METALS 9309 RAY J AVE SOUTH GATE CA 9309 RAY J AVE SOUTH GATE CA						A. State Manifest Document Number 90435015							
4. Generator's Phone 213, 567 7767						B. State Generator's ID							
5. Transporter 1 Company Name SHIELDS INC						C. State Transporter's ID 115233							
7. Transporter 2 Company Name						D. Transporter's Phone 714 352 3933							
9. Designated Facility Name and Site Address GROSSO OIL & POLYMER ENTRUE COMPANY INC P.O. BOX 1000 CA 93308						E. State Transporter's ID							
10. US EPA ID Number PAP087169614						F. Transporter's Phone							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. NON HAZ HAZARDOUS WASTE LIQUID (Remains liquid temp. > 140°F. during transport)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No. State EPA Code	
						0,017,1		3,00 G				State EPA Code 241	
b.												State EPA Code	
c.												State EPA Code	
d.												State EPA Code	
16. Additional Descriptions for Materials Listed Above CORROSIVE						K. Handling Codes for Wastes Listed Above							
17. Special Handling Instructions and Additional Information Gloves, goggles, & protective clothing to be worn. Return to Generator if necessary. Return to Generator if necessary. Return to Generator if necessary. Refer to back of form for additional information.													
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name THOMAS G. SHER						Signature [Signature]		Month Day Year 01/31/91					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name VON N. SHIELDS						Signature [Signature]		Month Day Year 01/31/91					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature		Month Day Year					
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 10 Printed/Typed Name GREG C. BERN						Signature [Signature]		Month Day Year 02/09/91					

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8902; WITHIN CALIFORNIA CALL 1-800-852-7850

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)

Department of Public Health
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on ellipse (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address OVER ID M T L 1315 1st St San Jose CA 95128		1. Generator's US EPA ID No. CA0000256161		A. State Manifest Document Number 90245116	
4. Generator's Phone 408 567 7767		5. US EPA ID Number CA0000256161		B. State Generator's ID 1111111111	
6. Transporter 1 Company Name TWAID 211		7. US EPA ID Number CA0000256161		C. State Transporter's ID 104172	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 818 4184511	
9. Designated Facility Name and Site Address 7100 1st St 1700 1st St San Jose CA 95128		10. US EPA ID Number		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE LT 25°C NO ORMEL 1181		12. Containers No. Type		F. Transporter's Phone	
		13. Total Quantity		G. State Facility's ID	
		14. Unit Wt/Vol		H. Facility's Phone 213 2629747	
		15. Waste No.			
J. Additional Descriptions for Materials Listed Above DIPLO 213 WATER 1313 TANK 3500		K. Handling Codes for Wastes Listed Above			
16. Special Handling Instructions and Additional Information WATER 1313 ERG 31 241R PLENE 818 11/4/91					
<p>GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.</p> <p>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the most feasible method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.</p>					
Printed/Typed Name TOM M. MARIAN		Signature <i>TOM M. MARIAN</i>		Month Day Year 05/15/91	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name RANDY COSMANS		Signature <i>Randy Cosmans</i>	
		Signature <i>Randy Cosmans</i>		Month Day Year 05/10/91	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 10.					
Printed/Typed Name L. S. M. C. S. A.		Signature <i>L. S. M. C. S. A.</i>		Month Day Year 05/15/91	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9302, WITHIN CALIFORNIA CALL 1-800-852-7550

102750

CTL ENVIRONMENTAL SERVICES
24404 S. Vermont Ave. #307
Harbor City, California 90710
(213) 530-5006

TANK REMOVAL CERTIFICATE #:

02218

Date: 1-3-91

Permit #: 90-AC-14

Site: 9309 Rayo Ave
Southgate CA

TANK DESCRIPTION: 116 gal
TANK SIZE: 6000 gal
ADDRESS OF TANK: Same as above
LOCATION OF TANK: From plant #1

CLIENT: Shields Industries

TANK CONTENTS (if known):

Diesel

TANK NUMBER (if any):

None

RESULTS OF TANK INSPECTION: LEL 0% Approved for removal

The tank described above has been inspected and found to be gas free based on readings obtained with an MSA type 2A Explosivity Meter (LEL of zero percent). A visual inspection has been made of the interior of the tank and no visible contamination has been observed except as noted below:

EXCEPTION: None

The tank described above is approved for removal and transportation.

INSPECTED BY:

CERTIFIED BY: STUART E. SALOT, Ph.D., C.I.H.
CERTIFIED INDUSTRIAL HYGIENIST (#1433 & 1973)



INVOICE

102750

UNITED READY MIXED CONCRETE COMPANY INC. • #1 - SO. GATE, #2 - ARTESIA, #4 - IRWINDALE
UNITED PREMIX CONCRETE INC. • #3 - IRVINE
SKYLINE CONCRETE SALES COMPANY • #5 - SUN VALLEY, #6 - CANOGA PARK
UNITED ROCK AND CONCRETE CORPORATION • #7 - COSTA MESA, #8 - NORWALK

13131 LOS ANGELES ST.
IRWINDALE, CA 91706
(818) 960-3948

SEND REMITTANCE TO:
P.O. BOX 1608
BALDWIN PARK, CA 91706

MACLEND METALS
9307 RAYO STREET
SOUTH GATE, CA 90200

DATE
23-Apr-91

INVOICE NO.
99828

CUSTOMER NO.
13112

UR PROJECT NO.

PAGE NUMBER
1

CPU NO.
109

DELIVERY ADDRESS		DEL. ZONE	CUSTOMER P.O./JOB NO.		TERMS*		
RESIDENCE-2 RAYO		55	19207		LOTH PROJ.		
DATE SHIPPED	QUANTITY	MATERIAL	PLANT	DELIVERED TICKET NUMBER	UNIT PRICE	TAXABLE EXTENSION	NONTAXABLE EXTENSION
-Apr-91	9.50	20100 2 SK SAN SLU	1	110754	42.40E	402.80	
-Apr-91	9.50	20100 2 SK SAN SLU	1	110768	42.40E	402.80	
-Apr-91	9.50	20100 2 SK SAN SLU	1	110774	42.40E	402.80	
-Apr-91	4.00	20100 2 SK SAN SLU	1	110781	42.40E	169.60	
-Apr-91	1.00	140 MIN. LOAD CR	1	110781	75.00E	75.00	
TOTAL EXTENSIONS						1451.00	
DISCOUNT OF \$32.50 TAX DISCOUNT \$2.28							
TOTAL DISCOUNT OF \$34.78 IF PAID BY 10-May-91							
TOTAL TONS			TOTAL YARDS		TOTAL SALES TAX	INVOICE TOTAL	
			32.50		101.71		1554.71

*TERMS: Unless otherwise stated, all invoices are due and payable on 10th of month following date of purchase. Past due accounts are subject to interest at legal rates, attorney's fees and court costs if incurred in collection of the invoice.

COUNTY OF LOS ANGELES
FIRE DEPARTMENT
FIRE PREVENTION DIVISION

102750

TANK REMOVAL VERIFICATION
AND SITE LOG

GENERAL INFORMATION

Date 5/1/91 Permit # 91-A6-3
Tank Location 9309 Rayo A South Gate
Name of Contractor H. Kianian & Son Inc
Contractor State License # 500963 A Telephone # 714/8416288

TANK STABILIZATION

	Time Complete	Contractors Signature
1. Remaining Liquid Removed Through Product Lines	<u>2:00 AM</u>	<u>Richard L. Belcher</u>
2. Dry Ice Added (15#/1,000 gal., attach receipt)	<u>8:30 AM</u>	<u>Richard L. Belcher</u>
3. Date Gas Analyzer Last Tested (no more than 3 months old)	<u>4/1/91</u>	<u>Richard L. Belcher</u>
4. L. E. L. and O2 Level Readings	<u>CEL 0%</u> <u>O2 20.9%</u>	<u>Richard L. Belcher</u>

EXCAVATION

Continuous monitoring of vapor concentrations around the excavation site is required, log readings below every 30 minutes.

Reading	Time	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

Tank Identification # _____ EPA I.D. # CAL000 256 969
Tank Size 6000 gal Diesel Tank Type steel
Tank Cleaned By Cal-Cac Signature [Signature]

CERTIFIED INDUSTRIAL HYGIENIST OR CERTIFIED MARINE CHEMIST ATTACH BUSINESS CARD

Name TOM BECK CERT # 4177
Time Certified 0845 HRS 1 MAY 91 Signature Thomas Beck

TRANSPORT - ATTACH COPY OF TRANSPORTATION MANIFEST

Tank Transported By _____ To _____

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)
Flagship form type (Form designed for use on elite (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9302. WITHIN CALIFORNIA CALL 1-800-952-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0000256161		Manifest Document No. 1431716		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address ALCOA INC 1350 1st St SACRAMENTO CA 95811						A. State Manifest Document Number 90245116											
4. Generator's Phone 916 777 7767						B. State Generator's ID											
5. US EPA ID Number CA 0000256161						C. State Transporter's ID 105172											
6. Transporter 1 Company Name TAYLOR TIL						D. Transporter's Phone 818 4184571											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. Designated Facility Name and Site Address TAYLOR TIL 1700 S 3rd St LOS ANGELES CA 90007						F. Transporter's Phone											
9. US EPA ID Number						G. State Facility's ID											
10. US EPA ID Number						H. Facility's Phone 213 2629747											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE LT RATE NOS ORMT 1181						12. Containers No. Type		13. Total Quantity		14. Unit WH/Vol		15. Waste No. 222					
						1		1				EPA/Other					
												State					
												EPA/Other					
												State					
												EPA/Other					
												State					
												EPA/Other					
16. Additional Descriptions for Materials Listed Above DIPLO 213 WATER 1181 THANK STINE						17. Handling Codes for Wastes Listed Above											
18. Special Handling Instructions and Additional Information WATER 213 ERG 231 24100 PLOU 418 1181																	
19. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal directly available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name TONY L. HARRISON						Signature <i>[Signature]</i>				Month Day Year 10/15/91							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name RANDY L. CATALA				Signature <i>[Signature]</i>				Month Day Year 10/10/91			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.																	
Printed/Typed Name L. J. S. S. S.						Signature <i>[Signature]</i>				Month Day Year 10/15/91							

CAL VAC
Survey Requested by: SEE BELOW
Vessel: DIESEL OIL
Last Cargo:
Vessel Owner or Agent: UNDERGROUND TANK
Type of Vessel: LEL, O₂, V.P.
Test Method:
Date: 1 MAY 91
Specific Location of Vessel: 9309 RAYB
Time Survey Completed: 0845

UNDERGROUND TANK
MARKED WITH YELLOW
PAINT (WHERE TANK HAS
BEEN EXPOSED. NO. END OF TK)

4177

TESTED 0% LEL
20.9% OXYGEN

NOT SAFE FOR WORKERS
NOT SAFE FOR HOT WORK
TANK HAS BEEN WASHED
TO REMOVE PRODUCT
TANK IS BEING ABANDONED
IN PLACE. SOME SLUDGE
APPEARS (3-4 GAL) AT SOUTH
END OF TANK

MSA MICROBARD CALIBRATED AT 0800 HRS 1 MAY 91

In the event of any physical or atmospheric changes adversely affecting the STANDARD SAFETY DESIGNATIONS assigned to any of the above spaces, or if in any danger, immediately stop all work and contact the undersigned Marine Chemist.

QUALIFICATIONS: Transfer of ballast or manipulation of valves or closure equipment tending to alter conditions in pipe lines, tanks or compartments subject to gas accumulation, unless specifically approved in this Certificate, requires inspection and endorsement or release of Certificate for the spaces so affected. All haws, vents, heating coils, valves, and similarly enclosed appurtenances shall be considered "not safe" unless otherwise specifically designated.

STANDARD SAFETY DESIGNATIONS (partial list), paraphrased from NFPA 306-1980, Subsections 1-6.1 through 1-6.4, and Subsection 5-3.2).

SAFE FOR WORKERS: Means that in the compartment or space so designated: (a) the oxygen content of the atmosphere is at least 19.5 percent by volume; and that, (b) toxic materials in the atmosphere are within permissible concentrations; and that, (c) the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Marine Chemist's Certificate.

NOT SAFE FOR WORKERS: Means that in the compartment or space so designated, the requirements of Safe for Workers has not been met.

SAFE FOR HOT WORK: Means that in the compartment so designated: (a) oxygen content of the atmosphere is at least 19.5 percent by volume, with the exception of inerted spaces or where external hot work is to be performed; and that, (b) the concentration of flammable materials in the atmosphere is below 10 percent of the lower flammable limit; and that, (c) the residues are not capable of producing a higher concentration than permitted by (b) above under existing atmospheric conditions in the presence of fire; and while maintained as directed on the Marine Chemist's Certificate; and further, that, (d) all adjacent spaces containing or having contained flammable or combustible materials have been cleaned sufficiently to prevent the spread of fire, or are satisfactorily inerted, or, in the case of fuel tanks or lube oil tanks or engine room or fire room bilges, have been treated in accordance with the Marine Chemist's requirements.

NOT SAFE FOR HOT WORK: Means that in the compartment so designated, the requirements of Safe for Hot Work have not been met.

CHEMIST'S ENDORSEMENT. This is to certify that I have personally determined that all spaces in the foregoing list are in accordance with NFPA 306-1980 Control of Gas Hazards on Vessels and have found the condition of each to be in accordance with its assigned designation.

"The undersigned acknowledges receipt of this Certificate under Section 2.3 of NFPA 306-1980 and understands conditions and limitations under which it was issued."

This Certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

Signed: Robert H. Kistner
Name: _____ Company: _____

Signed: Thomas D. Beck
Date: _____ Marine Chemist: _____ Certificate No.: _____



INVOICE

102750

UNITED READY MIXED CONCRETE COMPANY INC. * #1 - SO. GATE, #2 - ARTESIA, #4 - IRWINDALE
 UNITED PREMIX CONCRETE INC. * #3 - IRVING
 SKYLINE CONCRETE SALES COMPANY * #5 - SUN VALLEY, #6 - CANOGA PARK
 UNITED ROCK AND CONCRETE CORPORATION * #7 - COSTA MESA, #8 - NORWALK

13131 LOS ANGELES ST
 IRWINDALE, CA 91706
 (818) 960-3948

SEND REMITTANCE TO:
 P.O. BOX 1608
 BALDWIN PARK, CA 91706

MACLEOD METALS
 9309 RAYO STREET
 SOUTH GATE, CA 90280

DATE
 01 May 91

INVOICE NO
 1847

CUSTOMER NO
 13112

UR PROJECT NO

PAGE NUMBER
 1

CPU NO
 110

DELIVERY ADDRESS		DEL. ZONE	CUSTOMER P.O./JOB NO.		TERMS*		
AYO 5/0 FIRESTONE		28	10107		10TH PRINX.		
QUANTITY	QUANTITY	MATERIAL	PLANT	DELIVERED TICKET NUMBER	UNIT PRICE	TAXABLE EXTENSION	NON-TAXABLE EXTENSION
24-91	10.00	20100 3 UP SAN SLO	1	111102	42.40E	424.00	
24-91	10.00	20100 3 UP SAN SLO	1	111104	42.40E	424.00	
24-91	10.00	20100 2 SR SAN SLO	1	111107	42.40E	424.00	
24-91	4.00	20100 3 SR SAN SLO	1	111112	42.40E	169.60	
24-91	1.00	140 MIN. LOAD CH	1	111112	75.00F	75.00	
TOTAL EXTENSIONS						1516.60	
<p>OK. I am not Was clear I need to be in Hurry</p>							
DISCOUNT OF \$34.00				TAX ON DISCOUNT		\$2.30	
TOTAL DISCOUNT OF \$36.30				IF PAID BY 10 Jun 91			
TOTAL TONS		TOTAL YARDS		TOTAL SALES TAX			
34.00		106.10		1622.70			

MS: Unless otherwise stated, all invoices are due and payable
 15th of month following date of purchase. Past due accounts are
 subject to interest at legal rates, attorney's fees and court costs if

COUNTY OF L A ANGELES DEPARTMENT OF PUBLIC WORKS
INDUSTRIAL WASTE/HAZARDOUS MATERIALS UNDERGROUND STORAGE
CLOSURE INSPECTION REPORT

JC (I)

Date 5-1-91

Facility Name McLeod Metals File No. I- 15534 - 2J
Site Address 9309 Rayo Ave Permit No. 7831B
Contact Person Bill Lambert Phone (213) 567-7767

Type Inspection: ☐ Tank(s) & Piping ☐ Sump(s)
☐ Tank(s) only ☒ Closure in place
☐ Piping only ☐ Other _____

Contractor Hekimian & Assoc. Inc. Phone (714) 841-6288

Samples by _____ Phone () _____

Geologist _____ Phone () _____

Industrial Hygienist _____ Phone () _____

Items closed:

Type (tank/sump)	Contents	Capacity	Proper Sampling [yes] [no]	Perm Removal	Perm In-place
1. <u>steel tank</u>	<u>diesel</u>	<u>6000 gal</u>	<input type="checkbox"/> [yes] <input type="checkbox"/> [no]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <u>steel tank</u>	<u>diesel</u>	<u>6000 gal</u>	<input type="checkbox"/> [yes] <input type="checkbox"/> [no]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/> [yes] <input type="checkbox"/> [no]	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/> [yes] <input type="checkbox"/> [no]	<input type="checkbox"/>	<input type="checkbox"/>

Observations: [yes] [no]

Visual contamination observed ☐ [yes] ☒ [no]
Sampling of excavated soil required ☐ [yes] ☒ [no]
Tanks structurally sound ☒ [yes] ☐ [no]
Tanks remaining on site ☒ [yes] ☐ [no]
Sampling conducted by DPW ☐ [yes] ☒ [no]
Notice issued ☐ [yes] ☒ [no]

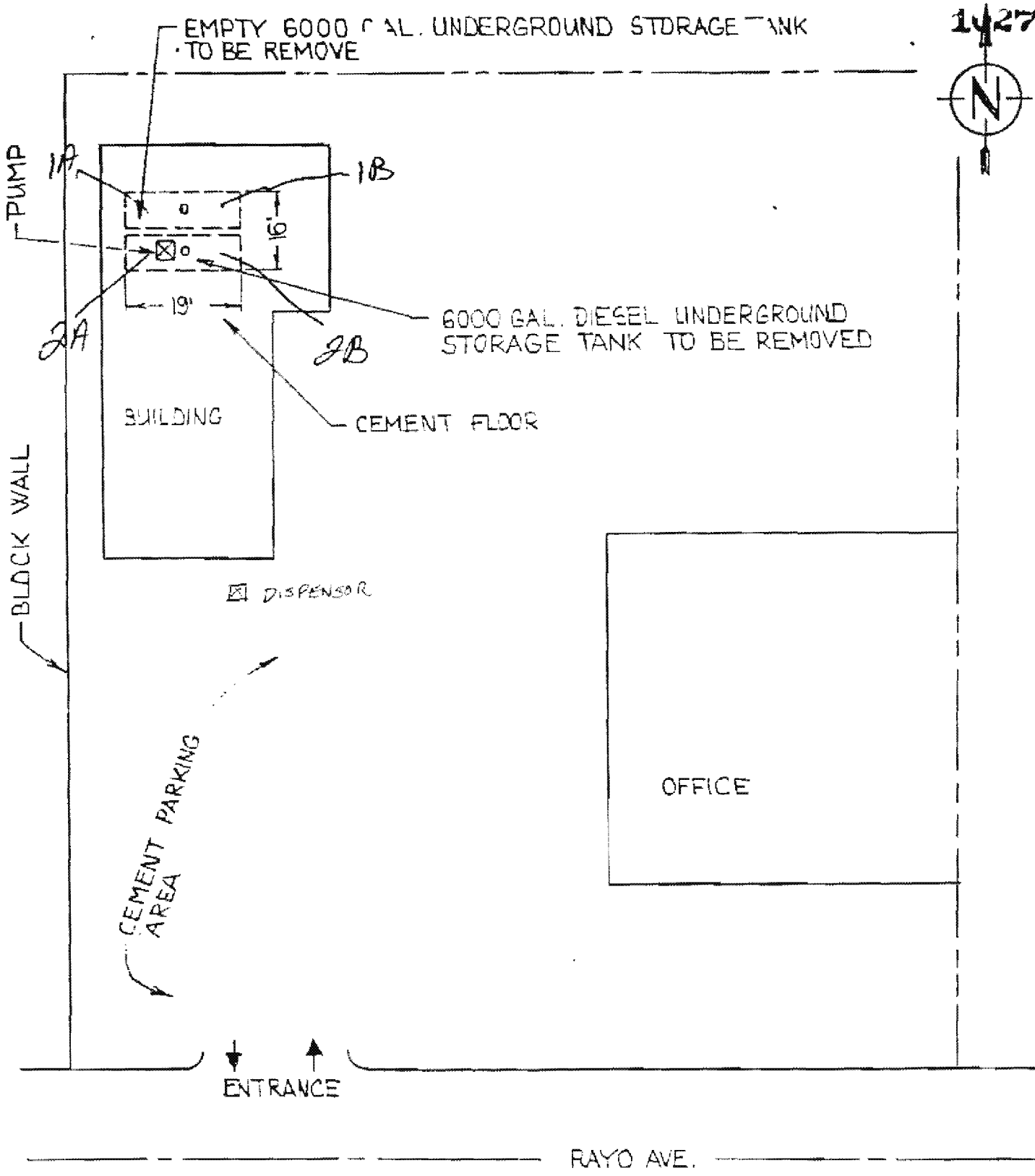
How many ~~1~~ Monitor sys. yes
Attach Chain-of-Custody _____
Attach copy of Notice _____

Comments: Had been postponed from an earlier date
due to structural constraints. Tanks slurred
in place. One tank done 4/23/91 the other 5/1/91.
Permit amended from #6795B

Include a detailed site survey on the reverse of this form.

Inspector Edward Calleros Date 5-1-91

142713



McLeod Metals
 9309 Rayo Ave.
 South Gate CA

HAZARDOUS MATERIALS UNDERGROUND STORAGE TANK CLOSURE IN PLACE
COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION See method of analysis for
900 S. FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331

Permit 7834 B
File 15534 R/C 2J
Fee \$ 179
Check [x] Cash []

OWNER: Name Mackled Metal Phone (213) 567-7767
Mailing Address 9309 Rayo Ave City Southgate State CA Zip 90280

FACILITY:

Occupant Name Mackled Metal Phone (213) 567-7767
Site Address 9309 Rayo Ave City Southgate Zip 90280
Mailing Address same City Southgate State CA Zip 90280
Contact Person Bill Lambert Title Manager

CONTRACTOR [] complete below: OWNER/OPERATOR AS CONTRACTOR []
Name Hekimian Assoc Inc Phone (714) 841-6288
State License No. 500503 Class A

CLOSURE REQUESTED:

- [x] PERMANENT, TANK REMOVAL (See Conditions A and C Attached)
How many underground tanks will remain after this closure? 0
[] PERMANENT, CLOSURE IN PLACE (See Conditions A and D Attached)
[] TEMPORARY (See Conditions A and B Attached)

TANK DESCRIPTION:		PLOT PLAN ATTACHED []		EXISTING HMUSP NO. _____	
Tank No.	Tank Mat'l	Age	Capacity	Materials Stored (Past/Present)	
1	Steel	N/A	6000	Diesel	
2	"	"	"	"	

COMPLETE THE FOLLOWING:

	YES	NO
Has an unauthorized release ever occurred at this site?	[]	[x]
Have structural repairs ever been made to these tanks?	[]	[x]
Will new underground tanks be installed after closure?	[]	[x]
Will any wells, including monitoring wells, be abandoned?	[]	[x]

NOTICE: CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE CLOSED MAY BE A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CHAPTER 8.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

By signature below the applicant certifies that all statements and disclosures above are true and correct and that they have read and agree to abide by this permit and all conditions and limitations attached.

Applicant's Signature Kenneth K. Hekimian Date 1/28/91
(Print Name) KENNETH K. HEKIMIAN Phone (714) 841-6288
Owner [] Operator [] Contractor [x]

TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS
PURSUANT TO SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS [x]. THIS PERMIT EXPIRES 180 DAYS FROM THE DATE BELOW.

T.A. TIDEMANSON
Director of Public Works

by R. J. Tyler

Date 1/28/91

TRANSMITTAL NOTICE

HE HAN & ASSOCIATES, INC

16692 GOTHARD

Huntington Beach, CA 92647

(714) 841-6288

W.G.D.

102377

TO: County of Los Angeles
Dept. of Public Works
900 S. Fremont Ave.
Alhambra, CA 91803-1331
Attn: Bahman Hajialiakbar

DATE: 4/25/91

RVI

FROM: Hekimian & Assoc., Inc.

TRANSMITTED HERewith ARE THE FOLLOWING:

Documents (x) Drawings () Specifications () Reports () Change ()
Schedule () Pictures () Other () _____

QUANTITY	DESCRIPTION
1	Results of Pre-Slurry Soil Boring for 2 Diesel Underground Storage Tanks at MacLeod Metal Co., 9309 Rayo Ave., South Gate, CA

Remarks: _____

Response required () No action needed ()

Date received: _____

Received by: _____

Position: _____

Att: 1

APPLICATION FOR CLOSURE *Permit*
HAZARDOUS MATERIALS UNDERGROUND STORAGE *Closure in place*
COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION *see method of analysis for*
900 S. FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331

Permit 7834 B

File 15534 R/C 2J

Fee \$ 179

Check ☒ Cash ☐

OWNER: Name Machad Metal Phone (213) 567-7767
Mailing Address 9309 Rayo Ave City South Gate State CA Zip 90280

FACILITY:

Occupant Name Machad Metal Phone (213) 567-7767
Site Address 9309 Rayo Ave City South Gate Zip 90280
Mailing Address same City South Gate State CA Zip 90280
Contact Person Bill Lambert Title Manager

CONTRACTOR ☒ complete below:

Name Hekimian Assoc Inc Phone (214) 841-6288
State License No. 500563 Class A

OWNER/OPERATOR AS CONTRACTOR ☐

CLOSURE REQUESTED:

- ☒ PERMANENT, TANK REMOVAL (See Conditions A and C Attached)
How many underground tanks will remain after this closure? 0
☒ PERMANENT, CLOSURE IN PLACE (See Conditions A and D Attached)
☐ TEMPORARY (See Conditions A and B Attached)

TANK DESCRIPTION: PLOT PLAN ATTACHED ☐ EXISTING HMUSP NO. _____

Tank No.	Tank Mat'l	Age	Capacity	Materials Stored (Past/Present)
1	Steel	N/A	6000	Diesel
2	"	"	"	"

COMPLETE THE FOLLOWING:

	YES	NO
Has an unauthorized release ever occurred at this site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have structural repairs ever been made to these tanks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will new underground tanks be installed after closure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will any wells, including monitoring wells, be abandoned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTICE: CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE CLOSED MAY BE A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CHAPTER 6.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

By signature below the applicant certifies that all statements and disclosures above are true and correct and that they have read and agree to abide by this permit and all conditions and limitations attached.

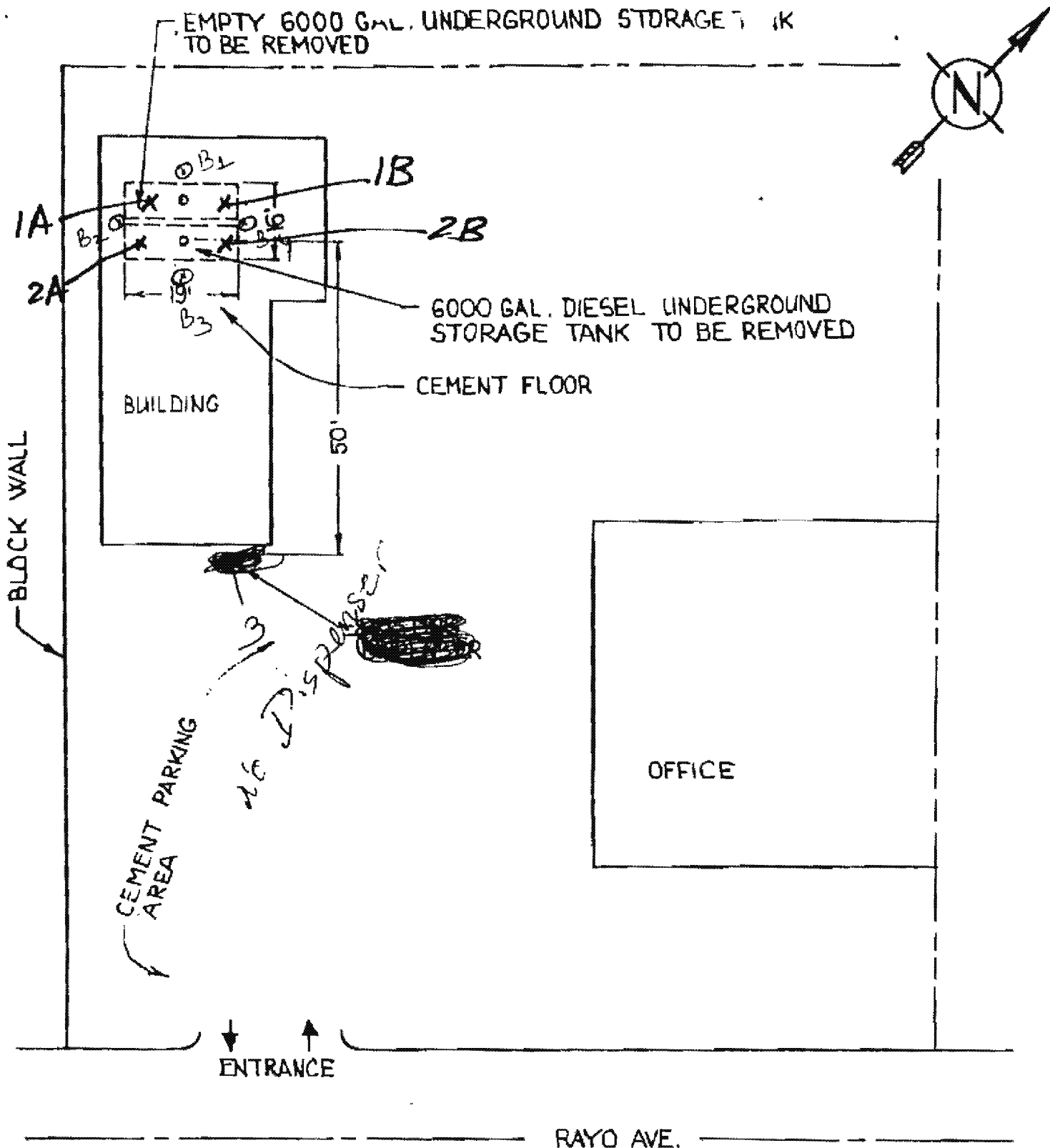
Applicant's Signature Kenneth K. Hekimian Date 1/28/91
(Print Name) KENNETH K. HEKIMIAN Phone (214) 841-6288
Owner ☐ Operator ☐ Contractor ☒

PURSUANT TO SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS ☒. THIS PERMIT EXPIRES 180 DAYS FROM THE DATE BELOW.

T.A. TIDEMANSON
Director of Public Works

av R and Tyler

Date 1/28/91



HEKIMIAN & ASSOCIATES, INC.

CONSULTING ENGINEERS AND ENVIRONMENTAL PLANNERS

16571 Gemini Lane
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

MACLEOD METALS
9309 RAY AVE.
SOUTH GATE
CA 90280

PROPOSAL FOR TANKS REMOVAL

3/6/90

FIGURE 1

CLOSURE PERMIT SUPPLEMENT
HAZARDOUS MATERIALS UNDERGROUND STORAGE
LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
900 S. FREMONT AVENUE
ALHAMBRA, CA 91803

*Analysis method
amended
RVS
2/28/91*

Closure Permit
No.: 1834 B
File No.
1- 15534-2J

PART 1 OF 2

To satisfy the permanent closure requirements for underground storage tanks previously storing hazardous materials, site integrity must be demonstrated by the analysis of soil samples and, if applicable, groundwater samples as outlined below. These requirements are in addition to the conditions listed on the Application for Closure or contained in an approved Closure Plan.

1. Samples shall be obtained at the sampling points (SP) indicated on the attached plot plan.
2. For each SP, samples shall be obtained at the following depths:

SP	Depth(s)	Compounds	Analysis Method
1A, 1B	2-4' below	TPH + BTXE	418.1 + 8020
2A, 2B	 tank insert		
3	2-4' under dispenser	11	11
1 sample	2-4' below		
in piping	every 20' of	TPH + BTXE	418.1 + 8020
in piping	starting at		
the dispenser			
<i>Borings</i> B1, B2	<i>5, 10, 20'</i>	<i>TPH + BTXE</i>	<i>418.1 + 8020</i>
B3, B4			
<i>In case of contamination,</i>	<i>Borings need</i>		
<i>to be done up to</i>	<i>40'.</i>		

HEKIMIAN & ASSOCIATES, INC.

ENVIRONMENTAL ENGINEERS / CONTRACTORS
CA CONTRACTOR'S LICENSE #500563

16571 Gemini Lane
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

FILE NO. 1496R
February 27, 1991

COUNTY OF LOS ANGELES -
DEPARTMENT OF PUBLIC WORKS
Waste Management Division - Underground Tank Unit
900 South Fremont Avenue
Alhambra, CA 91803-1331

Attention: John Awujo

Subject: **REQUEST TO ABANDON TANKS IN PLACE AT MACLEOD METALS CO.,
9309 RAYO AVE., SOUTHGATE, CA**

Gentlemen:

Several months ago MacLeod Metals Company obtained a permit to remove two (2) 6,000 gallon underground diesel tanks. Now that one tank is exposed, Inspector Roy Ancera (213) 535-3658 with the County Fire Department has refused to allow the company to remove the tanks without extensive shoring and safety provisions. Therefore, both MacLeod Metals and the County Fire Department have mutually agreed to slurry the tanks in place.

Therefore, we respectfully request that the County permit be modified to allow this change. Also, hand auger sample boring (maximum penetration depth about 20 feet) is the only practical method of subsurface soil sampling, if required, in the immediate vicinity of the said tanks, because of lack of space and presence of heavy equipment on top of the tank location.

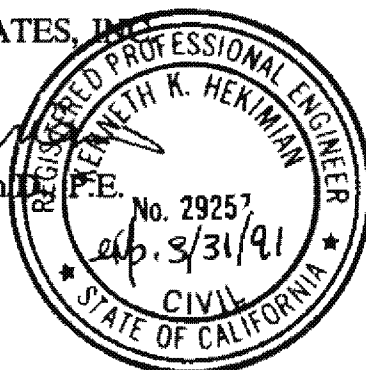
Thank you for your consideration.

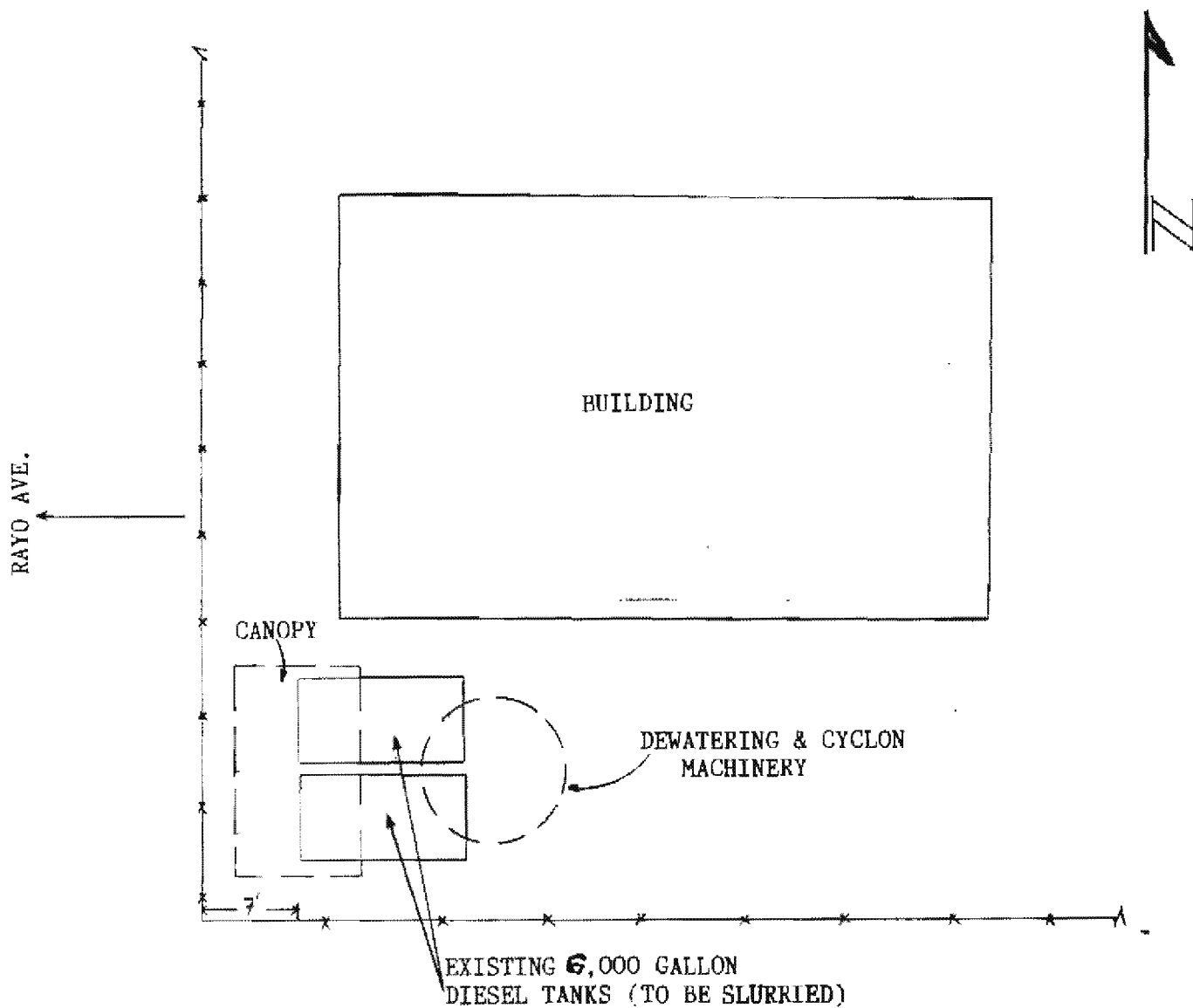
Very truly yours,

HEKIMIAN & ASSOCIATES, INC.


Kenneth K. Hekimian, Ph.D., P.E.
President

KKH/rbh





HEKIMIAN & ASSOCIATES, INC.

ENVIRONMENTAL ENGINEERS / CONTRACTORS

16571 Gemini Lane, Huntington Beach, CA 92647

MAC LEOD METALS
9308 RAYO AVE.,
SOUTHGATE, CALIF.

SITE PLAN OF UNDERGROUND TANKS TO BE
SLURRIED IN-PLACE

FEB. 27, 1991

FIGURE 1

Central

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
INDUSTRIAL WASTE/HAZARDOUS MATERIALS UNDERGROUND STORAGE
CLOSURE INSPECTION REPORT

Date 2/5/91

Facility Name McLeod Metals File No. I- 15534-2J
Site Address 9309 Rayo Ave. Permit No. 7834 B
Contact Person William Lambert Phone (213) 567-7767
Type Inspection: ☒ Tank(s) & Piping ☐ Sump(s)
☐ Tank(s) only ☐ Closure in place
☐ Piping only ☐ Other _____
Contractor Hickman & Assoc. Phone (714) 841-6288
Samples by _____ Phone () _____
Geologist _____ Phone () _____
Industrial Hygienist _____ Phone () _____

Items closed:

Type (tank/sump)	Contents	Capacity	Proper Sampling [yes] [no]	Perm Removal	Perm In-place
1. <u>steel tank</u>	<u>Diesel</u>	<u>6000 gal</u>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations: [yes] [no]

Visual contamination observed ☐ ☒
Sampling of excavated soil required ☐ ☒
Tanks structurally sound ☒ ☐
Tanks remaining on site ☐ ☒
Sampling conducted by DPW ☐ ☒
Notice issued ☐ ☒
How many _____ Monitor sys. _____
Attach Chain-of-Custody _____
Attach copy of Notice _____

Comments: Tanks not removed due to structural
constraints and unsafe conditions. Fire Inspector
Roy Anaira (213) 585-3654 gave no approval for removal
may want to slurry in place.

Include a detailed site survey on the reverse of this form.

Inspector Edward Calleros Date 2/6/91

HAZARDOUS MATERIALS UNDERGROUND STORAGE
COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
200 S. FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331

TG p59-D3

Permit	6795	B
File	15534	R/C 25
Fee	\$175-	
Check	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/>

OWNER: Name Mackled Metals CO. Phone (213) 567-7767
Mailing Address 9309 Rayo Ave City South Gate State CA Zip 90280

ACTIVITY:
Occupant Name Mackled Metals CO. Phone (213) 567-7767
Site Address 9309 Rayo Ave City South Gate Zip 90280
Mailing Address _____ City _____ State _____ Zip _____
Contact Person William Lambert Title Manager

CONTRACTOR ☒ complete below: OWNER/OPERATOR AS CONTRACTOR ☐
Name Hekimian & Assoc Inc Phone (714) 841-6288
State License No. 500563 Class A

CLOSURE REQUESTED:
☒ PERMANENT, TANK REMOVAL (See Conditions A and C Attached)
How many underground tanks will remain after this closure? None
☐ PERMANENT, CLOSURE IN PLACE (See Conditions A and D Attached)
☐ TEMPORARY (See Conditions A and B Attached)

TANK DESCRIPTION:		PLOT PLAN ATTACHED <input type="checkbox"/>		EXISTING HMUSP NO.	
Tank No.	Construction Material	Age (Years)	Capacity (gal)	Materials Stored (Past/Present)	
1	steel	unknown	6000	Gasoline Diesel	
2	"	"	"	Gasoline Diesel	

COMPLETE THE FOLLOWING:

Has an unauthorized release ever occurred at this site?	<input type="checkbox"/>	YES	NO
Have structural repairs ever been made to these tanks?	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Will new underground tanks be installed after closure?	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Will any wells, including monitoring wells, be abandoned?	<input type="checkbox"/>		<input checked="" type="checkbox"/>

NOTICE: CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE CLOSED MAY BE A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CHAPTER 6.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

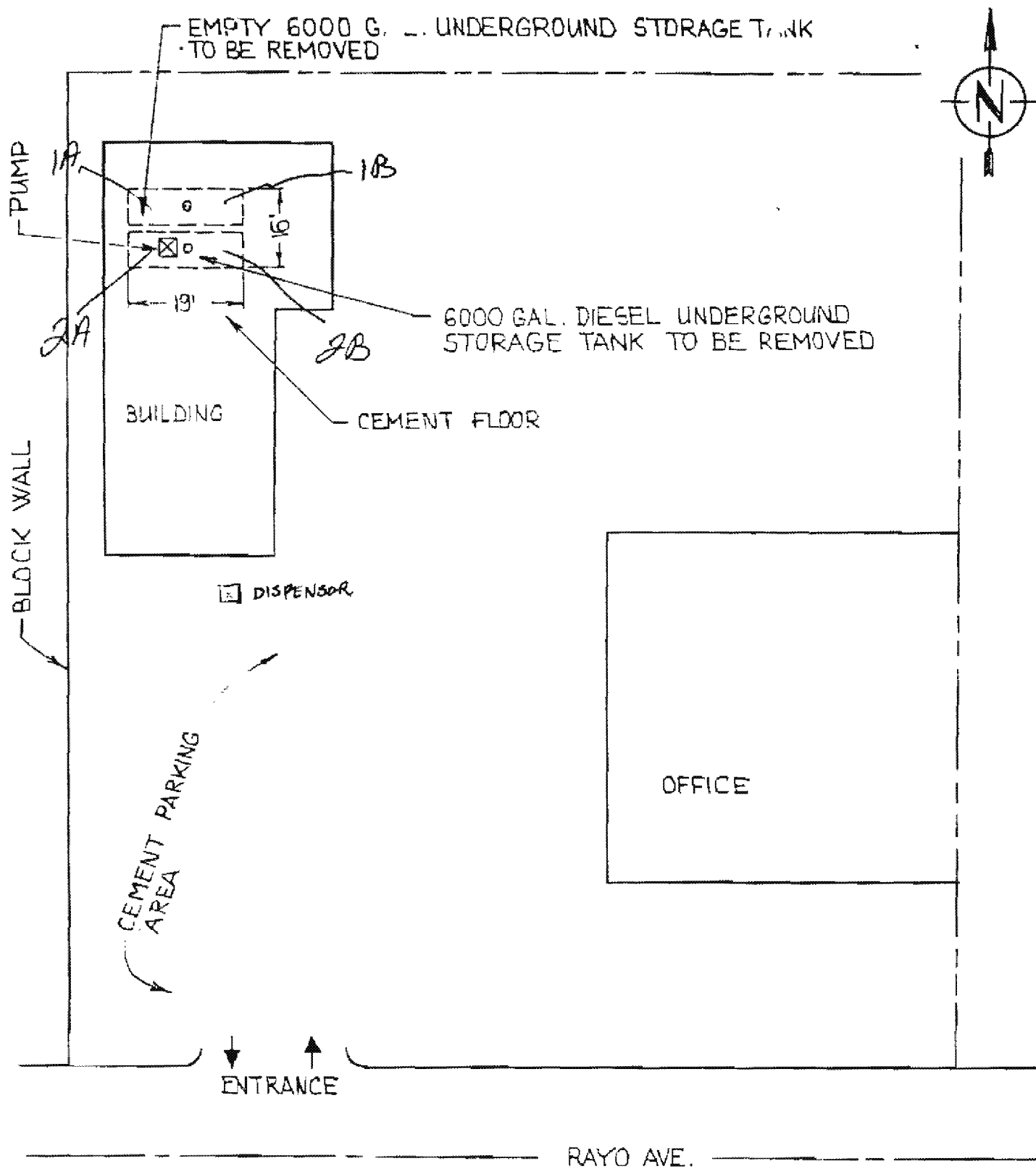
By signature below the applicant certifies that all statements and disclosures above are true and correct and that they have read and agree to abide by this permit and all conditions and limitations attached.

Applicant's Signature Reynolds Hekimian Date 3/7/90
(Print Name) Reynolds Hekimian Phone (714) 841-6288
Owner ☐ Operator ☐ Contractor ☒

=====TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS=====
PURSUANT TO SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS [X]. THIS PERMIT EXPIRES 180 DAYS FROM THE DATE BELOW.

T.A. TIDEMANSON
Director of Public Works

By Jeffrey Chan Date 3/7/90



McLeod Metals
9309 Rayo Ave.
South Gate CA

APPLICATION FOR CLOSURE
HAZARDOUS MATERIALS UNDERGROUND STORAGE
COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
900 S. FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331

Permit 7834 B
File 15534 R/C 2J
Fee \$ 179
Check [X] Cash []

OWNER: Name Machad Metal Phone (213) 567-7767
Mailing Address 9309 Rayo Ave City Southgate State CA Zip 90280

FACILITY:

Occupant Name Machad Metal Phone (213) 567-7767
Site Address 9309 Rayo Ave City Southgate Zip 90280
Mailing Address same City Southgate State CA Zip 90280
Contact Person Bill Lambert Title Manager

CONTRACTOR [], complete below:

Name Helimian Assoc Inc OWNER/OPERATOR AS CONTRACTOR []
State License No. 500563 Class A Phone (714) 841-6288

CLOSURE REQUESTED:

- [X] PERMANENT, TANK REMOVAL (See Conditions A and C Attached)
How many underground tanks will remain after this closure? One
[] PERMANENT, CLOSURE IN PLACE (See Conditions A and D Attached)
[] TEMPORARY (See Conditions A and B Attached)

TANK DESCRIPTION:		PLOT PLAN ATTACHED []		EXISTING HMUSP NO. _____	
Tank No.	Tank Mat'l	Age	Capacity	Materials Stored (Past/Present)	
1	Steel	N/A	6000	Diesel	
2	"	"	"	"	

COMPLETE THE FOLLOWING:

	YES	NO
Has an unauthorized release ever occurred at this site?	[]	[X]
Have structural repairs ever been made to these tanks?	[]	[X]
Will new underground tanks be installed after closure?	[]	[X]
Will any wells, including monitoring wells, be abandoned?	[]	[X]

NOTICE: CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE CLOSED MAY BE A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CHAPTER 6.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

By signature below the applicant certifies that all statements and disclosures above are true and correct and that they have read and agree to abide by this permit and all conditions and limitations attached.

Applicant's Signature Kenneth K. Helimian Date 1/28/91
(Print Name) KENNETH K. HELIMIAN Phone (714) 841-6288
Owner [] Operator [] Contractor [X]

TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS
PURSUANT TO SECTION 11.80.0708, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS [X]. THIS PERMIT EXPIRES 180 DAYS FROM THE DATE BELOW.

T.A. TIDEMANSON
Director of Public Works

by R. J. Tyer

Date 1/28/91

CONDITIONS A -- GENERAL

1. Closures shall be carried out such that all applicable regulations from the following agencies are complied with: Los Angeles County, Department of County Engineer-Facilities; Los Angeles County Fire Department, Fire Prevention Division or the appropriate City Fire Department; South Coast Air Quality Management District; and Los Angeles County Department of Health Services.
2. The County Engineer and Fire Departments shall be notified in advance of any closure in accordance with the following:
 - a. Removal of tank shall require a three (3) business day advance notification.
 - b. Permanent closure of a tank in place or a temporary closure shall require a 30 day written notification.
3. The fee to site for the first tank plus \$30 for each additional tank.
4. All abandoned wells shall be destroyed in such a way that they will not produce water or act as a channel for interchange of water, when such interchange may result in deterioration of the quality of water in any or all water bearing formations penetrated, or present a hazard to the safety and well-being of people and animals.
5. A well destruction permit issued by the Los Angeles Department of Health Services shall be required for all wells requiring a permit for their initial construction.
6. Well destruction shall be accomplished according to methods described in the latest "Water Well Standards: State of California" by the Department of Water Resources, contained in Bulletin 74-61, December 1961, or any other methods that will provide equivalent or better protection.
7. Plans for the decontamination of a facility shall be submitted to the County Engineer for approval no later than 30 days before the commencement of such operations. Other agencies having jurisdiction shall also be notified. These agencies include the California Regional Water Quality Board, the Los Angeles County Department of Health Services, and the South Coast Air Quality Management District.
8. Decontamination shall require the following, as a minimum:
 - a. Cleaning operation shall be done under the supervision of persons who understand the hazardous potential of the original liquid stored and its components.
 - b. The personnel shall be sufficiently skilled to safely carry out such operation.
 - c. Contaminated materials removed from such facility shall be disposed of at legal point of discharge.
 - d. The operation shall be carried out in a manner that will not endanger the health of the public and the environment.

CONDITIONS B -- TEMPORARY

1. All temporary closures shall be carried out as indicated in Los Angeles County Fire Department, Fire Prevention Division, Supplement 1A -- Inspection Guide 16, "Abandonment or Removal of Underground Tanks," Part 1 and any other applicable parts.
2. A temporary closure shall not exceed 90 days.

CONDITIONS C -- PERMANENT, TANK(S) REMOVAL

1. All tank removals shall be carried out as indicated in Los Angeles County Fire Department, Fire Prevention Division, Supplement 1A -- Inspection Guide 16, Part 2 and any other applicable parts.
2. Owners/operators shall notify the Building Department having jurisdiction at the place of removal if a grading permit is necessary.
3. Removed tanks shall not be transported away from the site until an inspection to establish site integrity is carried by the County Engineer.
4. If an appointment has been arranged with a County Engineer inspector to inspect the removal of a tank, the inspector will only wait at the site a reasonable amount of time (approximately one hour) after arriving for the removal to commence. Another closure fee may be charged if the inspector has to return to the site.
5. After inspection, tanks shall be transported to a legal disposal point.
6. If the tank had stored materials other than motor fuel, fuel oil, or waste oil, site integrity shall be demonstrated using the soil sampling and analysis procedures described in CONDITIONS B below.
7. The site shall be backfilled and recompact to a relative compaction of 90%.

CONDITIONS D -- PERMANENT, TANK(S) IN PLACE

1. All permanent closures of tanks in place shall comply with Los Angeles County Fire Department, Fire Prevention Division, Supplement 1A -- Inspection Guide 16, Parts B or C, and any other applicable parts.
2. Owners/operators shall demonstrate post site integrity as follows:
 - a. Test borings shall be about drilled to intercept a point beneath the center of the tank, if possible. If about drilling is not feasible, the test borings may be drilled vertically and the reason stated in the report in 2.b. below.
 - b. For single tanks, a minimum of two test borings will be required, each located on opposite sides of the tank along the major axis of the tank.
 - c. For multiple tanks, as a minimum, borings shall be placed at 30 foot intervals around the tank cluster. The actual number and location of borings shall be evaluated on a case-by-case basis. Tanks separated by 20 feet or more shall be considered single tanks for the purposes of test location and placement.
 - d. Soil samples shall be taken at depths of 5, 10, 20, 30 and 40 feet below grade level.
 - e. A Shelby Tube or a Modified California Sampler shall be utilized for taking all soil samples.
 - f. Soil samples shall be capped immediately with teflon or aluminum.
 - g. Soil samples shall not be stored in the field but are to be immediately placed in a refrigerated ice chest and transported to a state certified laboratory for analysis, using suitable methods.
 - h. A report containing the results of the above analysis shall be submitted to the County Engineer.
3. If the soil analysis in 2; above indicates the presence of contaminants, the County Engineer shall require a site investigation as described in Chapter 9 of the County's "Underground Storage of Hazardous Materials -- Guidelines."
4. A report shall be submitted to the County Engineer containing the results of the site investigation.

NOTICE TO CLOSURE PERMIT APPLICANTS

The South Coast Air Quality Management District (SCAQMD) has adopted Rule 1166 regulating emissions of Volatile Organic Compounds (VOC) from decontamination of soil effective August 8, 1988.

In addition to the requirements of your Closure Permit, persons excavating any underground storage tank that previously contained VOC's must:

- Notify the SCAQMD Executive Officer by telephone at (818) 572-6195, 24 hours prior to tank excavation.
1166(c)(1)(A)
- Monitor the excavated material during the excavation for VOC contamination. 1166(c)(1)(B)
- When VOC contamination is detected:
 - * Cease excavation
 - * Cover the contaminated soil until implementation of approved mitigation measures. 1166(c)(1)(C)
 - * Notify the SCAQMD Executive Officer at (818) 572-6195 within 24 hours of detection of VOC contaminated soil. 1166(c)(2)(A)
- A person shall not engage in or allow any on-site or off-site spreading of VOC contaminated soil which results in uncontrolled evaporation of VOC to the atmosphere.
1166(c)(3)

Exemptions

- Treatment of less than one (1) cubic yard of contaminated soil. 1166(d)(1)(A)
- Decontamination of soil containing organic compounds that have initial boiling point of 302°F or greater, Reid Vapor Pressure less than 80mm Hg or Absolute Vapor Pressure less than 36mm Hg at 20°C. 1166(d)(1)(B),(F)
- Removal of soil for sampling purposes pursuant to EPA methods. 1166(d)(1)(C)
- Accidental spillage of five (5) gallons or less of VOC.
1166(d)(1)(D)
- Decontamination of soil which is contaminated through natural seepage of VOC from oil and gas wells or other natural sources. 1166(d)(1)(E)

SPECIFIC QUESTIONS ON RULE 1166 SHOULD BE REFERRED TO THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (818) 572-6200

2 of 2

POLICY CLARIFICATION

SUCTION AND GRAVITY FLOW PIPING SYSTEMS

Effective Date: January 17, 1989

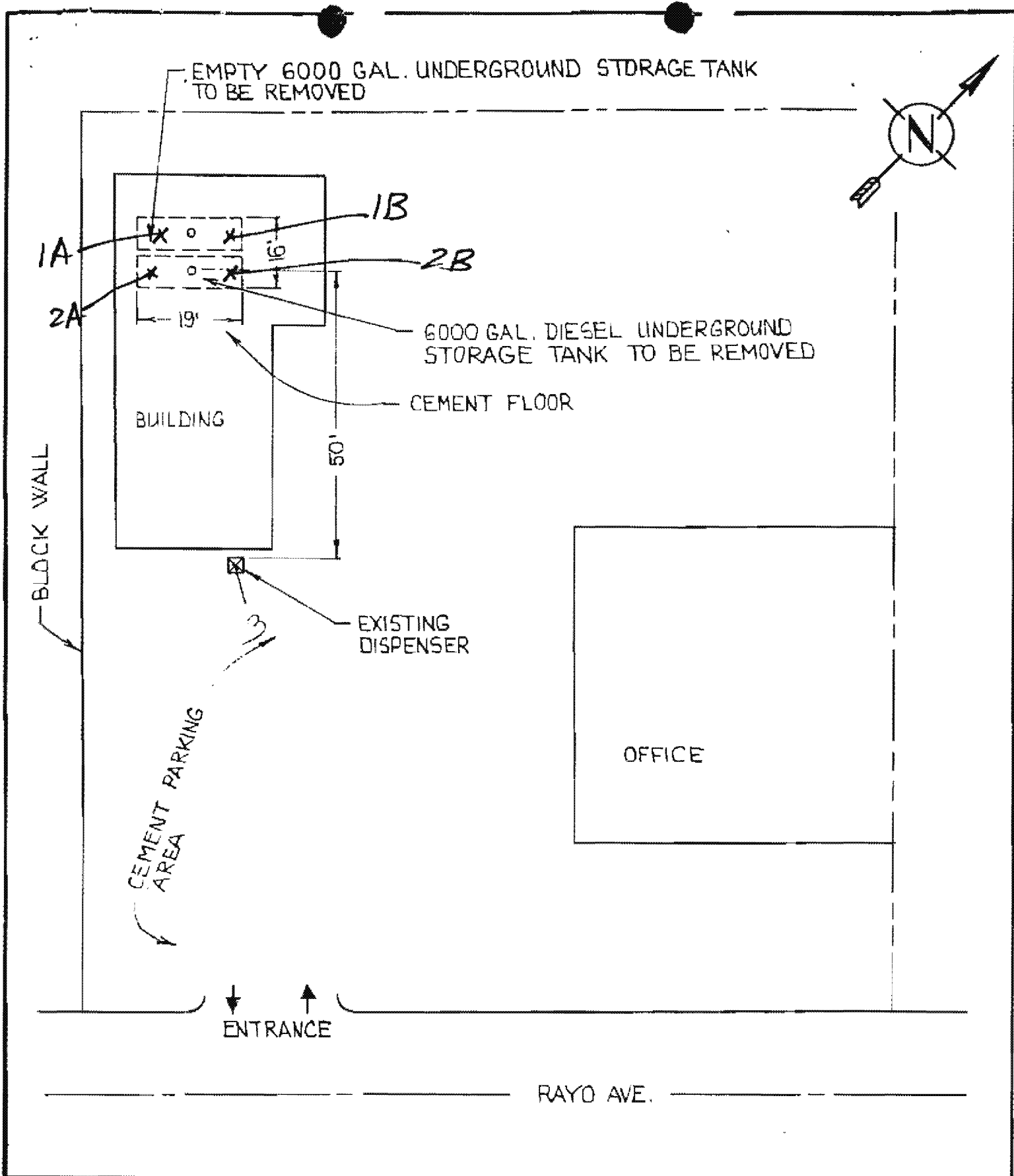
NEW CONSTRUCTION: All suction and gravity piping systems that contains product during normal operation shall be equipped with secondary containment and a leak detection system. The leak detection system for piping shall be separate from the tank leak detection system.

LEAK DETECTION INVESTIGATION/CLOSURE: Samples will be required at 20 foot intervals along the piping run plus one additional sample at each dispenser island. Samples shall be obtained at an elevation five (5) feet below the plane of the piping or dispenser island.

MONITORING (EXISTING SINGLE WALL PIPING):

Vadose Monitored Tanks - The installation of continuous vapor monitoring sensors at 20 foot intervals along the piping run, starting at the dispenser island, in monitoring wells converted from borings previously used to obtain leak detection samples or similar vadose monitoring wells constructed specifically monitoring purposes is required. Sensors shall be placed at least two (2) feet below the piping depth.

Tank Level Monitor (TLM) Systems - Piping that contains product during normal tank operations and associated with a container monitored by an approved TLM shall be tested annually by subjecting to a hydrostatic pressure of at least 50 psi for a minimum of five (5) minutes. A pressure drop of more than 5 psi per minute indicates a leaking pipeline system.



HEKIMIAN & ASSOCIATES, INC.

CONSULTING ENGINEERS AND ENVIRONMENTAL PLANNERS

16571 Gemini Lane
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

MACLEOD METALS
9309 RAY AVE.
SOUTH GATE
CA 90280

PROPOSAL FOR TANKS REMOVAL

3/6/90

FIGURE 1

Closure Permit
No.: 7834 B
File No.
I- 5534-2J

To satisfy the permanent closure requirements for underground storage tanks previously storing hazardous materials, site integrity must be demonstrated by the analysis of soil samples and, if applicable, groundwater samples as outlined below. These requirements are in addition to the conditions listed on the Application for Closure or contained in an approved Closure Plan.

- [illegible]

3. All soil samples obtained shall be discrete, undisturbed and unexposed prior to analysis. The method used to obtain the samples and the date of sampling shall be included in the final report.
4. If groundwater is encountered during sampling, a groundwater monitoring well shall be established at the most downgradient sampling point. The well shall be developed by removing a minimum of four well volumes and a groundwater sample shall be obtained and analyzed.
5. The analytical results for all soil samples shall be expressed milligrams per kilogram (mg/kg), or micrograms per kilogram (ug/kg) as appropriate. Practical quantitation limits of 5-10 ug/kg (ppb) for volatile organics and 1 mg/kg (ppm) for the petroleum hydrocarbons must be achieved by the laboratory. Analytical results for groundwater samples shall be expressed in ug/l (ppb) and practical quantitation limits of .5-5 ug/l (ppb) for volatile organics, and 1 mg/l (ppm) for petroleum hydrocarbons must be achieved by the laboratory.
6. Analytical results shall be reported on laboratory letterhead and shall include the following information: a) The date the analysis was conducted; b) The method of extraction (if applicable); c) Detection limits for each analytical procedure and determination; d) The method of analysis; e) Signature of chemist certifying results.
7. All soil/groundwater samples obtained shall be handled and transported to laboratory in strict accordance with applicable EPA regulations utilizing chain-of-custody procedures. Chain-of-custody documentation shall be included in the final report.
8. If the soil/groundwater analysis indicates undefined contamination at the facility, additional sampling shall be required to define the vertical and lateral extent present.
9. A final report that contains all of the above required information shall be submitted to the office above within one (1) month from the sampling date or 180 days from the date of this permit, whichever is earlier.

ATTENTION CONTRACTOR
NOTIFICATION REQUIREMENTS

Pursuant to Los Angeles County Code, Section 11,78.045, and the Conditions and Limitations of the attached Hazardous Materials Underground Storage closure Permit, you are required to complete ALL of the agency notifications indicated below within the time period specified prior to commencement of work on this closure.

[X] 72 HOURS - DEPARTMENT OF PUBLIC WORKS INDUSTRIAL WASTE ENGINEERING INSPECTORS:

>>Unless otherwise noted DPW inspectors are available at the following offices between 8:00 a.m. and 9:30 a.m. ONLY.<<

[] BELLFLOWER DISTRICT - (213) 804-2584
16600 Civic Center Drive, Bellflower, CA 90607

[] CENTINELA VALLEY REGION - (213) 534-4862
24320 South Narbonne Avenue, Lomita, CA 90717

[X] LENNOX DISTRICT - (213) 419-5650
4353 Lennox Boulevard, Lennox, CA 90304

[] SAN GABRIEL VALLEY DISTRICT - (818) 574-0962
1245 South Baldwin Avenue, Arcadia, CA 90022

[] EAST LOS ANGELES DISTRICT - (213) 260-3466
5141 East Pomona Boulevard, Los Angeles, CA 90022

[] SAN DIMAS REGION - (818) 339-6281
201 East Pomona Boulevard, San Dimas, CA 91773

[] NEWHALL REGION - (805) 253-7207
23757 West Valencia Boulevard, Santa Clarita, CA 91355

[X] 24 HOURS (OR AS REQUIRED) - LOCAL FIRE DEPARTMENT FIRE PREVENTION INSPECTOR:

[] City of _____

[X] Los Angeles County Fire Department 213-720-5129

[X] 24 HOURS - SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

(818) 576-6195

FAILURE TO PROVIDE NOTICE AS REQUIRED ABOVE MAY RESULT IN PERMIT REVOCATION, ADDITIONAL SITE ASSESSMENT REQUIREMENTS AND/OR ADMINISTRATIVE PENALTIES AS PROVIDED BY LAW.

CLOSENOTE
12/88

ts(6)/NOTIC

LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC WORKS
CLOSURE REPORT REQUIREMENTS

A closure report shall be submitted to the Los Angeles County Department of Public Works, Waste Management Division, P.O. Box 4089, Los Angeles, CA 90051 containing:

1. File number of facility and closure permit number.
2. Plot plan to scale showing locations of tanks, sampling points, buildings, adjacent streets and north arrow.
3. Description of methods for obtaining, handling and transporting samples.
4. Time and date samples were obtained.
5. If borings were established, boring logs certified by a CA Registered Geologist, CA Certified Engineering Geologist or CA Registered Civil Engineer with sufficient experience in soils.
6. Chain-of-custody documentation initiated by person obtaining sample through person at State Department of Health Services certified laboratory.
7. Disposal destination of tanks and evidence of legal disposal.
8. Analysis results by a State certified laboratory submitted on laboratory letterhead showing analysis date, methods of extraction and methods of analysis.
9. Documentation as to depth of groundwater at facility.
10. Manifests to document hazardous waste disposal of any removed soil.
11. Any observations of site contamination.
12. Remedial action plan to mitigate contamination.
13. Report to be signed by CA Registered Geologist, CA Certified Engineering Geologist or CA Registered Civil Engineer with sufficient experience in soils.

Signature

Samuel D. Helminian

Date

1/28/91

File # 15534, Permit # 7834B

594

ANTON M. MARKARIAN
10821 BOLSA AVE., APT. 59
GARDEN GROVE, CA 92643

1/28/ 19 91 16-7000/3220

PAY TO THE
ORDER OF

L.A. CO. Public work \$ 172.00

One hundred seventy nine & 00/100 DOLLARS



HOME SAVINGS
OF AMERICA

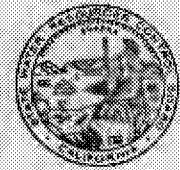
WESTMINSTER OFFICE 088
10821 BOLSA AVE., WESTMINSTER, CA 92643

MEMO

Tray # 1496 I + Change Anton Markarian Ref

⑆322070006⑆00869082875⑈ 0594

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME <i>Shelby's Motel</i>		NAME OF OPERATOR	
ADDRESS <i>1410 Ave</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME <i>San Mateo</i>		STATE <i>CA</i>	ZIP CODE <i>94401</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY		SITE PHONE # WITH AREA CODE <i>415-338-3333</i>	
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LAND	# OF TANKS AT SITE <i>3</i>
E.P.A. I.D. # (optional)			

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>John L. Lohr</i>	PHONE # WITH AREA CODE <i>415-338-3333</i>
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME		STATE	ZIP CODE
PHONE # WITH AREA CODE			

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME		STATE	ZIP CODE
PHONE # WITH AREA CODE			

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ *44* - *000000*

V. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input checked="" type="checkbox"/>	II. <input type="checkbox"/>	III. <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

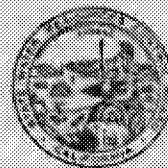
APPLICANT'S NAME (PRINTED & SIGNATURE) <i>[Signature]</i>	APPLICANT'S TITLE <i>[Signature]</i>	DATE <i>1/1/79</i>	MONTH/DAY/YEAR
--	---	-----------------------	----------------

LOCAL AGENCY USE ONLY

COUNTY # <i>017</i>	JURISDICTION # <i>000</i>	FACILITY # <i>000000</i>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

**STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 309 Page Ave

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # <u>None</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>11/11</u>	D. TANK CAPACITY IN GALLONS: <u>6000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	
D. IF (A. 1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A.S.N.:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINING	<input type="checkbox"/> 2 ALKYL LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/>		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	<input checked="" type="checkbox"/> A U 1 Suction	<input type="checkbox"/> A U 2 PRESSURE	<input type="checkbox"/> A U 3 GRAVITY	<input type="checkbox"/> A U W OTHER
B. CONSTRUCTION	<input type="checkbox"/> A U 1 SINGLE WALL	<input type="checkbox"/> A U 2 DOUBLE WALL	<input type="checkbox"/> A U 3 LINED TRENCH	<input checked="" type="checkbox"/> A U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input type="checkbox"/> A U 1 BARE STEEL	<input type="checkbox"/> A U 2 STAINLESS STEEL	<input type="checkbox"/> A U 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> A U 4 FIBERGLASS PIPE
	<input type="checkbox"/> A U 5 ALUMINUM	<input type="checkbox"/> A U 6 CONCRETE	<input type="checkbox"/> A U 7 STEEL W/COATING	<input type="checkbox"/> A U 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> A U 9 GALVANIZED STEEL	<input type="checkbox"/> A U 10 CATHODIC PROTECTION	<input checked="" type="checkbox"/> A U 95 UNKNOWN	<input type="checkbox"/> A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>11/11/90</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0.5</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	---	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME
(PRINTED & SIGNATURE)

DATE

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>14</u>	<u>000</u>	<u>118534</u>	<u>1</u>
PERMIT NUMBER <u>78348</u>	PERMIT APPROVED BY DATE <u>11/11/91</u>	PERMIT EXPIRATION DATE		

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS:

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 4 OIL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 60 EMPTY <input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 95 UNKNOWN		B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	<input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED:				C.A.S.#:	

III. TANK CONSTRUCTION					
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 98 UNKNOWN		
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____		
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____	
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINED	<input type="checkbox"/> 3 EPOXY LINED	<input type="checkbox"/> 4 PHENOLIC LINING	
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____	
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ?		YES _____ NO _____		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC	
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____	

17. FILING INFORMATION		CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER	
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 98 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL COATING	A U 8 100% METHANOL COMPATIBLE WFRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 96 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTION		<input type="checkbox"/> 2 LINE TIGHTNESS TESTING		<input type="checkbox"/> 3 INTERSTIAL
					<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 8 NONE	<input type="checkbox"/> 9 UNKNOWN	<input type="checkbox"/> 10 OTHER

VI. TANK CLOSURE INFORMATION					
1. ESTIMATED DATE LAST USED (MM/DD/YYYY)	2. ESTIMATED QUANTITY OF RESISTANCE REMAINING Gallons	3. WAS TANK FILLED WITH HAZARDOUS MATERIAL?	YES	NO	
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	

APPLICANT'S NAME

100

STATFIELD 8

1997年12月15日

1997年12月15日

1992

[illegible]

HEKIMIAN & ASSOCIATES, INC.

ENVIRONMENTAL ENGINEERS - CONTRACTORS
CA CONTRACTOR'S LICENSE #500563

102377

16571 Gemini Lane
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

FILE NO. 14961
March 19, 1991
REVISED
April 18, 1991
REVISED
April 24, 1991
L.A. County File No.
15534-2J

RVI

COUNTY OF LOS ANGELES
Department of Public Works
900 South Fremont Avenue
Alhambra, CA 91803-1331

Attention: Bahman Hajialiakbar

Subject: **RESULTS OF PRE-SLURRY SOIL BORINGS FOR TWO (2) DIESEL UNDERGROUND STORAGE TANKS AT MACLEOD METAL COMPANY, 9309 RAYO AVE., SOUTH GATE, CA**

Reference: (1) Letter Request to Abandon Tanks in Place, dated February 27, 1991.
(2) Transmittal of Soil Sampling Test Reports ..., dated March 19, 1991.
(3) Proposal for Additional Borings ..., dated April 9, 1991.

Gentlemen:

On March 19, 1991, in accordance with your requirements indicated in Permit No. 7834, we transmitted test results of the hand bore soil sampling conducted at 5, 10 and 20 ft depths of four (4) bores installed around the perimeter of the two (2) subject tanks. Because of a relatively consistent level of approximately 300 ppb of benzene at about 20 ft depth, we placed two 40 ft deep slant bores from the south, one under each tank. The EPA 418.1 results are 24 ppm at 30 ft in Boring #5 and Nondetectable at 20 and 40 ft and 19 ppm at 20 ft in Boring #6 and nondetectable 30 and 40 ft. The BTEX (EPA 8020) was nondetectable at 20, 30 and 40 ft in both borings #5 and #6.

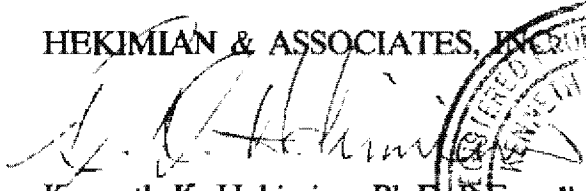
On Thursday, April 18th, we delivered a earlier copy of this report to Ms. Rani Iyer. On Monday, April 22nd, we called her and then spoke with Carl Sjoberg, in your absence. Then Ms. Iyer called our office and notified us of the County's approval to slurry the tanks. On Tuesday, April 23rd, we notified the client: Bill Lambert of MacLeod Metals to begin field operations. After the tanks have been slurried, we will submit a closure report for your approval.

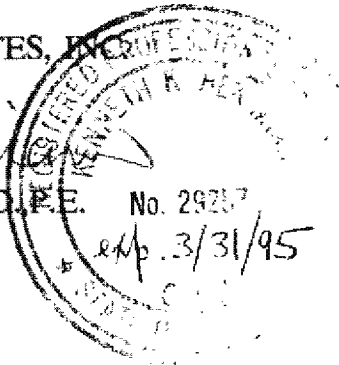
Page Two

FILE NO. 14961
April 24, 1991

Very truly yours,

HEKIMIAN & ASSOCIATES, INC.


Kenneth K. Hekimian, Ph.D., P.E. No. 29257
President



KKH/irs

Enclosure: Revised AEL Reports and Logs
for Borings #5 and #6.

cc: Bill Lambert, MacLeod Metals



ENVIRONMENTAL
TESTING

CA DOHS Certification #1224

April 18, 1991

Client P.O.# N/A

Client Job# N/A

Client:
Hekimian & Assoc.
16692 Gothard St.
Huntington Beach, CA 92647

Project:
MacLeod Metals, Inc.

Date sampled: 04/12/91
Date submitted: 04/12/91
Date analyzed: 04/15/91

Sample: Soil

EPA Method 418.1 - Total Recoverable
Petroleum Hydrocarbon (mg/kg)

Lab#	Field#	Conc. (mg/kg)	Detection Limit (mg/kg)
91-189-S	B-5-20'	ND	10
91-190-S	B-5-30'	24	10
91-191-S	B-5-40'	ND	10
91-192-S	B-6-20'	19	10
91-193-S	B-6-30'	ND	10
91-194-S	B-6-40'	ND	10

AMERICAN ENVIROMENTAL LABORATORIES

Emdadul H. Khan
Laboratory Supervisor

EHK:dcr/a91-1469

Lab#	Field#	Conc.	Detection Limit
91-191-S	B-5-40'	(mg/kg)	(mg/kg)
Benzene (mg/kg)		ND	.005
Toluene (mg/kg)		ND	.005
Ethyl Benzene (mg/kg)		ND	.005
Total Xylenes (mg/kg)		ND	.005

Lab#	Field#	Conc.	Detection Limit
91-192-S	B-6-20'	(mg/kg)	(mg/kg)
Benzene (mg/kg)		ND	.005
Toluene (mg/kg)		ND	.005
Ethyl Benzene (mg/kg)		ND	.005
Total Xylenes (mg/kg)		ND	.005

Lab#	Field#	Conc.	Detection Limit
91-193-S	B-6-30'	(mg/kg)	(mg/kg)
Benzene (mg/kg)		ND	.005
Toluene (mg/kg)		ND	.005
Ethyl Benzene (mg/kg)		ND	.005
Total Xylenes (mg/kg)		ND	.005

Hekimian & Assoc.
Page 3

MacLeod Metals, Inc.
A91-1467

Lab#	Field#	Conc. (mg/kg)	Detection Limit (mg/kg)
91-194-S	B-6-40'		
Benzene (mg/kg)		ND	.005
Toluene (mg/kg)		ND	.005
Ethyl Benzene (mg/kg)		ND	.005
Total Xylenes (mg/kg)		ND	.005

AMERICAN ENVIRONMENTAL LABORATORIES



Emdadul H. Khan
Laboratory Supervisor

EHK:dcr/A91-1467



ENVIRONMENTAL
TESTING

CA DOHS Certification #1224

QC DATA REPORT

April 18, 1991

Analysis: EPA Method 8020 - BTEX

Sample: Soil

Date of Analysis: 04-15-91

Sample number: 91-194-S (B-6-40')

Project: Mac Leod Metals, Inc.


Analyte: m-Xylene

RS	SS	SR	SRD	ASR	PR	RPD
ppm	ppm	ppm	ppm	ppm	%	%
ND	25.3	24.5	23.1	24.2	95.7	9.0

DEFINITION OF TERMS:

RS. . . . Result of Sample Analysis.
SS. . . . Spike Concentration added to sample.
SR. . . . Matrix Spike result.
SRD . . . Matrix Spike Duplicate result.
ASR . . . Average of SR and SRD; $(SR + SRD)/2$
PR. . . . Percent Recovery of SR; $[(ASR - RS)/SS] \times 100$
RPD . . . Relative Percent Difference;
 $[(SR - SRD)/ASR] \times 100$

AMERICAN ENVIRONMENTAL LABORATORIES


Emdadul H. Khan
Laboratory Supervisor

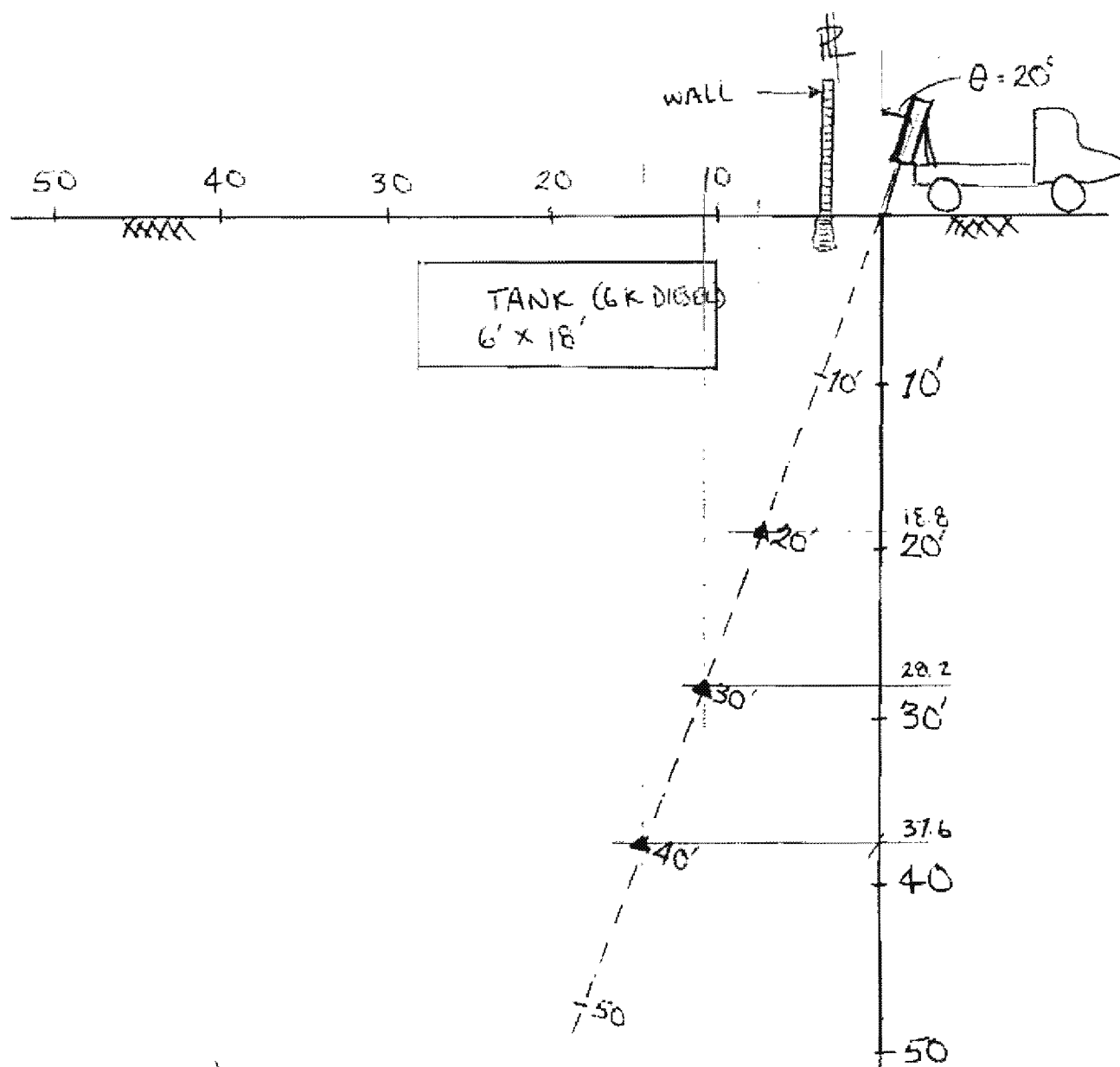
A91-1468

CLIENT: MACLEOD METALS, 9309 RAYO ST., SOUTHGATE, CAPROJECT NO: 14961LOCATION: SOUTHEAST END OF 6,000 GAL. DIESEL TANKBORING NO: B-6Directional: SLANT 15Casing Diam: - - -Drilling Co: A & RHole Size: 6 INCHESDepth to Water: - - -Driller: LUAPO/KEVINTotal Depth: 40 FTPerforations: - - -Rig #/Type: CIMCO 2400No. of Samples: 6Registered: - - -Date(s) Sampled: 4/12/91Signed: [Signature]Page 1 of 1

Depth	Symbol	Description	H-nu (ppm)	No.	Int.	Blow Count	Misc.
0		DIRT				UNABLE TO OBTAIN BLOW COUNT BECAUSE OF SLANT BORING	
5	ML	FINE SILT, DAMP, BROWN, NO ODOR	- - -	- - -	- - -		
10	ML	FINE SILT, DAMP, DARK BROWN, NO ODOR	40	B-6- 10'	10		
15	ML	CLAYEY SILT, DAMP, LOW PLASTICITY, DARK BROWN, NO ODOR	40	B-6- 15'	5		
20	ML	FINE SILT, DARK BROWN, DAMP, NO ODOR	40	B-6- 20'	5		
25	ML	FINE SILT, BROWNISH GREEN, DAMP, NO ODOR	30	B-6- 25'	5		
30	ML	FINE SILT, DAMP, GREENISH BROWN, NO ODOR	30	B-6- 30'	5		
35							
40	CL	SILTY CLAY, DAMP, LOW TO MEDIUM PLASTICITY, GREYISH BLACK, NO ODOR	30	B-6- 40'	5		
45							

CLIENT: MACLEOD METALS, 9309 RAYO ST., SOUTHGATE, CAPROJECT NO: 1496ILOCATION: SOUTH OF THE WEST SIDE OF 6,000 GAL. DIESEL
TANKBORING NO: B-5Directional: SLANT 15
Hole Size: 6 INCHES
Total Depth: 40 FT
No. of Samples: 6
Date(s) Sampled: 4/12/91Casing Diam: - - -
Depth to Water: - - -
Perforations: - - -
Registered
Signed: [Signature]Drilling Co: A & R
Driller: LUAPO/KEVIN
Rig #/Type: CIMCO 2400Page 1 of 1

Depth	Symbol	Description	H-nu (ppm)	No.	Int.	Blow Count	Misc.
0 -		DIRT					
-							
-							
-							
-							
5 -	ML	FINE SANDY SILT, DRY, BROWN, NO ODOR	- - -	- - -	- - -		
-							
-							
-							
10 -	ML	FINE SILT, DAMP, DARK BROWN, NO ODOR	30	B-5- 10'	10		
-							
-							
-							
15 -	ML	FINE SILT, LOW PLASTICITY, DAMP, GREENISH BROWN, NO ODOR	20	B-5- 15'	5		
-							
-							
-							
20 -	ML	FINE SILT, DAMP, BROWNISH GREEN, NO ODOR	10	B-5- 20'	5		
-							
-							
-							
25 -	ML	FINE SILT, DAMP, BROWNISH GREEN, NO ODOR	20	B-5- 25'	5		
-							
-							
-							
30 -	ML	FINE SILT, DAMP, GREENISH BROWN, NO ODOR	30	B-5- 30'	5		
-							
-							
-							
35 -							
-							
-							
-							
40 -	CL	SILTY CLAY, LOW TO MEDIUM PLASTICITY, DRY, GREY TO BLACK COLOR, NO ODOR	20	B-5- 30'	10		
-							
-							
-							
45 -		NO GROUNDWATER ENCOUNTERED AT 40 FT DEPTH					
-							





**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS**

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (818) 458-5100

THOMAS A. TIDEMANSON, Director

ADDRESS ALL CORRESPONDENCE TO
P.O. BOX 1000
ALHAMBRA, CALIFORNIA 91803-1000

December 26, 1990

Maclead Metals Co.
9309 Rayo Avenue
South Gate, CA 90280

IN REPLY PLEASE
REFER TO FILE

I-15534-2J

Attention: William Lambert

**NOTICE OF NONCOMPLIANCE
HAZARDOUS MATERIALS UNDERGROUND STORAGE PERMIT (HMUSP)
FACILITY AT: 9309 Rayo Avenue, South Gate**

You were notified on March 7, 1990 to submit to this office on or
before October 9, 1990 the item(s) checked below:

- ☐ HMUSP application and/or accompanying fees.
☐ Tank integrity test results for the underground containers at the above
location.
☐ Leak Detection Program (LDP). ☐ Tank Monitoring Program (TMP).
☐ LDP/TMP corrections. ☐ LDP/TMP final report.
☐ Assessment report following closure of the following containers: _____
☐ Site investigation proposal. ☐ Remedial action plan.
☐ Progress report for the month of _____.
☒ Other Closure report for the removal of 2-6000 gallon diesel tanks
(permit # 6795B).

As of this date, our records show that you have not responded. Please be
advised that the required information must be submitted to this office by
January 31, 1991. Failure to comply with this notice will result in
the initiation of enforcement measures.

If you have any questions concerning this matter, please contact
Mr. Jeff Chow of this office at (818) 458- 3512.

Very truly yours,

T. A. TIDEMANSON
Director of Public Works

By Jeffrey Chow
Waste Management Division

cc:



**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS**

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (818) 458-5100

THOMAS A. TIDEMANSON, Director

ADDRESS ALL CORRESPONDENCE TO
P.O. BOX 1440
ALHAMBRA, CALIFORNIA 91802-1440

December 26, 1990

Maclead Metals Co.
9309 Rayo Avenue
South Gate, CA 90280

IN REPLY PLEASE
REFER TO FILE

I-15534-2J

Attention: William Lambert

**NOTICE OF NONCOMPLIANCE
HAZARDOUS MATERIALS UNDERGROUND STORAGE PERMIT (HMUSP)
FACILITY AT: 9309 Rayo Avenue, South Gate**

You were notified on March 7, 1990 to submit to this office on or
before October 9, 1990 the item(s) checked below:

- ☐ HMUSP application and/or accompanying fees.
☐ Tank integrity test results for the underground containers at the above
location.
☐ Leak Detection Program (LDP). ☐ Tank Monitoring Program (TMP).
☐ LDP/TMP corrections. ☐ LDP/TMP final report.
☐ Assessment report following closure of the following containers: _____
☐ Site investigation proposal. ☐ Remedial action plan.
☐ Progress report for the month of _____.
☒ Other Closure report for the removal of 2-6000 gallon diesel tanks
(permit # 6795B).

As of this date, our records show that you have not responded. Please be
advised that the required information must be submitted to this office by
January 31, 1991. Failure to comply with this notice will result in
the initiation of enforcement measures.

If you have any questions concerning this matter, please contact
Mr. Jeff Chow of this office at (818) 458- 3512.

Very truly yours,

T. A. TIDEMANSON
Director of Public Works

By Jeffrey Chow
Waste Management Division

cc:

DATE: 12.13.00

FILE NO: 15524

FROM: UST LCP

PILOT PROGRAM UNIT

- ☐ Review attached file for inclusion into Pilot Program.
- ☐ Include attached material into file logged to Pilot Program.
Letter No. _____
- ☐ Please return subject file for:
 - ☐ Review at public counter.
 - ☐ Operation Permit and/or LDP/TMP processing
- ☐ Operating Permit and LDP/TMP submittals have been retained by UST UNIT for processing.
- ☐ Other _____

TO: UST UNIT

- ☐ Attached material returned to HQ files.
- ☐ Attached file returned for public counter/permit processing review as requested. Please return to Annex by _____.
- ☒ Attached file has been reviewed for inclusion into the Pilot Program and is rejected at this time due to:
 - ☐ Site already closed.
 - ☐ Responsible party does not meet selection criteria.
 - ☒ Unauthorized release not confirmed.
 - ☐ Site already under investigation by _____.
 - ☐ Other _____.
- ☐ Please log out subject file to the Pilot Program.
- ☐ Other _____

FILE CONTROL (To be completed before delivery of the above material):

The subject file has been

- ☐ Logged out to Pilot Program.
- ☐ Logged back to HQ.

By _____ Date _____

The report with this file belonged to the F/N=15524.
No tks has been removed from this site yet.

15524

JOB

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS - JOB CONTROL

J B P W	DOCUMENT NO:	JOB NO:	START DATE:	M M D D Y Y	EXP DATE:	M M D D Y Y	DEPOSIT (Y/N):	CASH (Y/N):
<input checked="" type="checkbox"/> E - ORG <input type="checkbox"/> M - ADJ	JOB DESCRIPTION (30 CHARACTER MAXIMUM): 9309 RAYO AVE SOUTH GATE				JOB TYPE: E	BILLING TYPE: m	PROJECT FUND:	PROJECT:
PAID NO:		RPT CAT	RESTRICT (Y/N):	CUSTOMER NAME: State of CALIF		CUSTOMER ADDRESS: 2014 T STREET P.O. BOX 944212 SACRAMENTO, CA 94244-2120		
SERV-ICER	FUND: A01	DEPT: P.W	ORG: 47.900	SUB ORG	APPR:	MINOR OBJ: E04.2	PROGRAM:	SUB PGM
	REV SRC: 97.9.5	SUB REV	RPT CAT:					
REQU-ESTER	FUND	DEPT	ORG:	SUB ORG	PROGRAM	SUB PGM	MINOR OBJ	SUB EXP
	APPR CODE	JOB:						
	REF PO DEPT:	REF PURCHASE ORDER NO		REF PO LINE:	CUSTOMER: P W 243.609			RPT CAT
COST-ING	METHOD (P/D):	CLASS 1:	RATE 1:	CLASS 2:	RATE 2:	DEFAULT:	CLASS 3:	RATE 3:
		CLASS 4:	RATE 4:					
EXCL OBJS	OBJ 1:	OBJ 2:	OBJ 3:	OBJ 4:	OBJ 5:	DEPOSIT HOLD:	BILLING FLAGS	OPT:
	LVL:	A/DST:	HOLD:	CYCLE:				

JOB	RESP ORG:	JOB BUDGET:	I/D:
	47.900		0
ISF TRANSFER REVENUE DISTRIB.	REV SRC: 97.9.5	SUB REV:	APPR ACCT:
	ISF FUND:	ISF ORG:	ISF SUB ORG
SPECIAL FUND EXPEND. DISTRIB.	FUND: A01	MIN OBJ:	SUB EXP
	PROGRAM: E04.2	SUB PGM:	SPL ORG:
		SPL SUB:	
DPW JOB REFERENCE DATA	S/DIST: 5	FACILITY ID	LAST DATE BILLED
	COMMENT REF NO	JOB OPEN INDICATOR:	
PREPARED BY: Brady Jones			
APPROVED BY: [Signature]			
DATE: 9/1/90			
DEP DIRECTOR APPROVAL: <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQD			

STATE REPORTS	INDICATOR	MAX BILLING AMT:	OH RT ID:
SUB RPT CAT	F/G/P	TYPE	JURISDICTION
			PERCENT
JURISDICTION	PERCENT	JURISIDCTION	PERCENT

J O B	ORGANIZATION NAME	ORG CODE	AMOUNT
<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D			
COMMENTS: State Water Resources Control Board			
DEP DIR APPROVAL: _____ DATE: _____			

FEDERAL

UNDERGROUND STORAGE TANK PILOT PROGRAM
SITE SELECTION WORKSHEET

WRCB No. 8-119-550-0

SITE INFORMATION:

Site Name Maclead Metals Co. File No. 15534 R/C 6K
Site Address 9309 Razo Ave Unincorporated Area ☐
City South Gate ☒
Responsible Party Maclead Metals Co.
PROPERTY OWNER ☒ TANK OWNER ☐ OPERATOR ☐ OTHER ☐
Contact Name William Lambert Phone No. (213) 567-7767
Mailing Address 9309 Razo Ave
City South Gate State CA Zip 90280

RESPONSIBLE PARTY Yes No Defer Date/By

Identify Confirmation:

Property/Land title records ☐ ☒
HMUSP/Closure permit application ☒ ☐ 3-7-90 MDE
Notification by RP ☐ ☒
Other ☐ ☒

Exclusion criteria reviewed ☒ ☐ 7-16-90 MDE

LEAK INFORMATION

Hazardous Material Released:

Petroleum Hydrocarbons ☒ ☐ 4-25-90 MDE
Heavy Metals* ☐ ☒
Chlorinated Solvents* ☐ ☒
Pesticides/Herbicides* ☐ ☒
Other* ☐ ☒

State Form HSC 05 submitted ☒ ☐ 7-16-90 MDE
Soil contamination confirmed ☒ ☐ 4-25-90 MDE
Groundwater contamination confirmed ☐ ☒
Proposition 65 report submitted ☐ ☒
Free floating product ☐ ☒
Perched aquifer ☐ ☐ ☒
Regional aquifer ☐ ☐ ☒
Within Superfund area ☐ ☒

SITE STATUS

State LUFTUS list checked ☒ ☐ 7-16-90 MDE
New Site ☐ ☒
Unauthorized release letter sent ☐ ☐ ☒
Preliminary Assessment completed ☒ ☐ 4-25-90 MDE
Remedial Action in progress ☒ ☐ 4-25-90 MDE

PILOT PROGRAM NOTIFICATIONS

Notification of Responsibility to RP ☐ ☐
Notice of Reimbursement (Form UST01/02) ☐ ☐
Initial Site Specific Quarterly Report ☐ ☐
*Notification to State DOHS (Form HSC 05) ☒ ☐ 7-16-90 MDE

FUNDING

State ☐ Federal ☒
Form JOBT submitted ☐ ☐
JOB NUMBER W 2015534

COMMENTS

NICOLE LONG

SITE RECOMMENDED

APPROVAL

UNIT HEAD

DATE

PROJECT MANAGER

DATE

PILOT PROGRAM SITE ADD

SITE ID: 15534 SITE NAME: Maclead Metals Co.
 ADDRESS STREET NUMBER: 9309 STREET: Rayo Ave
 CITY: South Gate ZIP CODE: 90280
 PROJECT MANAGER (EMP ID) : 2366 To [Nico/SMILE]
 PP STATUS (I/R/U/C): RANK: PRELIM FILE REVIEW (INITIALS) MDE
 FUNDING (S/F): F FEDERAL EXEMPT? (Y/N) N SUBSTANCE CODE: 12034
 PETROLEUM? (Y/N) Y DATE REPORTED (TO COUNTY): 4-25-90
 DATE CONFIRMED (INTO PP): 7-16-90 CASE TYPE (U/S/G/D): S
 CONTRACT STATUS: (1-8) DATE EMERGENCY RESPONSE:

RP SEARCH (S/I/R/N): DATE BEGIN:
 DATE END:
 PRELIM ASSESSMENT (U/C): DATE BEGIN:
 DATE END:
 SITE INVESTIGATION (U/C): DATE BEGIN:
 DATE END:
 REMEDIAL ACTION (U/C): DATE BEGIN:
 DATE END:
 POST REMED MONITOR (Y/N/U/C): DATE BEGIN:
 DATE END:

ENFORCEMENT ACTION TAKEN? (Y/N) TYPE: (1-6)
 DATE ACTION TAKEN:
 DATE LAST CORSP: CASE CLOSED: (Y/R/_)
 DATE CLOSED: DATE EXCAVATION STARTED:
 LUFT CATEGORY (1/2/3): REMEDIAL ACTIONS TAKEN (CODE):

RESPONSIBLE PARTY INFORMATION

RP CONTACT NAME: William Lambert RP FAX:
 RP COMPANY NAME: Maclead Metals Co. RP PHONE: (213) 567-7767
 NUMBER: 9309 STREET: Rayo Ave
 CITY: South Gate STATE/ZIP: CA/90280

CURRENT CONSULTANT INFORMATION

CONTACT PERSON NAME: Frank S. Muramoto
 PHONE NUMBER: (714) 632-8521

COMMENT:

SM:tb/SMILE



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS

900 SOUTH FRÉMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (818) 458-5100

THOMAS A. TIDEMANSON, Director

file
ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

IN REPLY PLEASE
REFER TO FILE

WM-1
15534

AUG 17 1990

William Lambert
Maclead Metals Company
9309 Rayo Avenue
South Gate, CA 90280

Dear William Lambert

NOTIFICATION OF RESPONSIBILITY FOR REIMBURSEMENT FOR COSTS INCURRED
IN ADMINISTERING THE UNDERGROUND STORAGE TANK CLEANUP PROGRAM
SITE ADDRESS: 9309 Rayo Avenue, South Gate, CA 90280

The purpose of this letter is to inform responsible parties that the Los Angeles County Department of Public Works has entered into an agreement with the State of California to oversee the cleanup of contaminated sites resulting from the unauthorized discharge of hazardous substances from underground storage tanks. The cleanup of these sites is necessary to protect the public and environment from unnecessary exposure to hazardous chemicals.

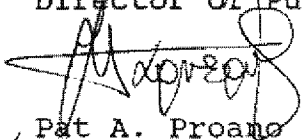
The cleanup program developed by Los Angeles County is funded by State and Federal monies and is subject to the reimbursement requirements associated with the use of these funds. In order to comply with the reimbursement requirement, it will be necessary to account for all time and materials expended by County staff at each cleanup site. On a routine basis, site specific amounts detailing the time and expenses expended for each site will be provided to the State. The State will then invoice the responsible party for all direct and indirect costs associated with the cleanup of the site.

For your information, please find the enclosed Notice of Reimbursement. This is your formal notification concerning reimbursement requirements for the responsible party. If any of the information contained in the Notice of Reimbursement is incorrect, or if you have any questions regarding the reimbursement requirements, please contact Pat Proano of the Underground Storage Tank Local Oversight Program at (818) 458-3979. Any correspondence should be sent to:

Los Angeles County Department of Public Works
Waste Management Division
UST Pilot Program
Attention Pat Proano
P.O. Box 1460
Alhambra, CA 91803-1331

Very truly yours,

T.A. TIDEMANSON
Director of Public Works

for 
Pat A. Proano
Supervising Civil Engineer II
Waste Management Division

Enc.

cc: State Water Resources Control Board
California Regional Water Quality Control Board,
Los Angeles Region

State Water Resources Control Board
Division of Water Quality
UST Cleanup Program

Notice of Reimbursement
When Federal Funds are Used

Site Code: 15534
Site Name: Maclead Metals Company
Address: 9309 Rayo Avenue
City/State/Zip: South Gate, CA 90280

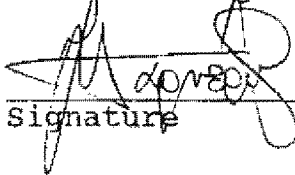
First Reported: 04/25/90
Substance: 12034
Petroleum?: Y

The following information has been provided to:

Responsible Party: William Lambert
Company Name: Maclead Metals Compa
Address: 9309 Rayo Avenue
City/State/Zip: South Gate, CA 90280

Whereas the Federal Petroleum Leaking Underground Storage Tank Trust Fund provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks; and Whereas the direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund; and Whereas the above individual(s) entity(ies) have been identified as the party(ies) responsible for investigation and cleanup of the above site; YOU ARE HEARBY NOTIFIED that pursuant to Subdivision (h) of Section 699(b) of the United States Code, the above Responsible Party(ies) shall reimburse the State Water Resources Control Board for all direct and indirect costs incurred by any and all state and local agencies while overseeing the cleanup of the above underground storage tank site; and the above Responsible Party(ies) shall make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Contract Project Director:


Signature

(818) 458-3979
Telephone Number

Date 08-17-90

WATER RESOURCES CONTROL BOARD - DIVISION OF WATER QUALITY

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION - UST LOCAL OVERSITE PROGRAM

SITE SPECIFIC QUARTERLY REPORT

CONTRACTOR NO: 19000	SOURCE OF FUNDS: F	SUBSTANCE: 12034
SITE NO: 15534	FEDERAL EXEMPT: N	PETROLEUM: Y
SITE NAME: Maclead Metals Company	DATE REPORTED: 04/25/90	
ADDRESS: 9309 Rayo Avenue	DATE CONFIRMED: 07/16/90	
CITY/ZIP South Gate 90280	CATEGORY: R	

SITE STATUS

CASE TYPE: S	CONTRACT STATUS: 2	EMERGENCY RESPONSE:
RP SEARCH:	DATE UNDERWAY: 07/16/90	DATE COMPLETED: 07/16/90
PRELIMINARY ASSESSMENT:	DATE UNDERWAY:	DATE COMPLETED:
SITE INVESTIGATION:	DATE UNDERWAY:	DATE COMPLETED:
REMEDIAL ACTION:	DATE UNDERWAY:	DATE COMPLETED:
POST REMEDIAL ACTION MONITORING:	DATE UNDERWAY:	DATE COMPLETED:
ENFORCEMENT ACTION TAKEN:	TYPE:	DATE TAKEN:
LUFT CATEGORY: 2	CASE CLOSED:	DATE CLOSED:
DATE EXCAVATION STARTED:	REMEDIAL ACTIONS TAKEN:	

RESPONSIBLE PARTY

CONTACT NAME: William Lambert

COMPANY NAME: Maclead Metals Compa

ADDRESS: 9309 Rayo Avenue

CITY/STATE: South Gate , CA 90280

T-15534-6K

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <i>[Signature]</i> DATE: JUL 20 1990	
REPORT DATE 07/16/90		CASE #			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT David Esfandi		PHONE (818) 458-3509	SIGNATURE D. Esfandi	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME L.A. Co. Dept. of public works		
RESPONSIBLE PARTY	ADDRESS 900 S Fremont Ave CITY Alhambra STATE CA 91803				
	NAME Maclead Metals Co. <input type="checkbox"/> UNKNOWN		CONTACT PERSON William Lambert	PHONE (213) 567-7767	
SITE LOCATION	ADDRESS 9309 Razo Ave CITY South Gate STATE CA 90280				
	FACILITY NAME (IF APPLICABLE) Maclead Metals Co.		OPERATOR William Lambert	PHONE (213) 567-7767	
IMPLEMENTING AGENCIES	LOCAL AGENCY L.A. Co. D.P.W.		CONTACT PERSON Carl S. Joberg	PHONE (818) 458-3539	
	REGIONAL BOARD Los Angeles Region		CONTACT PERSON Joshua Workman	PHONE (213) 266-7561	
SUBSTANCES INVOLVED	NAME (1) Diesel QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN				
	DATE DISCOVERED 04/25/90 HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS				
DISCOVERY/ABATEMENT	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 04/25/90				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) Not specified				
COMMENTS					

APPLICATION FOR
☐ NEW CONSTRUCTION PLAN CLEARANCE
☐ PERMIT ADDENDUM
 HAZARDOUS MATERIALS UNDERGROUND STORAGE
 LOS ANGELES COUNTY
 DEPARTMENT OF PUBLIC WORKS
 WASTE MANAGEMENT DIVISION
 900 SOUTH FREMONT AVENUE,
 ALHAMBRA, CA 91803-1331

DO NOT WRITE IN THIS SPACE	2635 A
<div style="text-align: center;"> <h1>RECEIVED</h1> <p>MAR 27 1990</p> <p>DEPARTMENT OF PUBLIC WORKS ENGINEERING SERVICES DIVISION</p> </div>	DPW USE
	FILE # 15534
	R/C CODE 25
	HMUSP #
	SURCHARGE YES/NO <input type="checkbox"/>
	HMUSP REQ YES/NO <input type="checkbox"/>
	TGP TGC

See instructions on back of this form

(A) MAC LEAD METALS
 OWNER/FACILITY NAME
9309 RAYO AVE
 MAILING ADDRESS
SOUTH GATE CA 90230
 CITY STATE ZIP
SAME
 FACILITY ADDRESS

FOR Billing ONLY
 (B) COMPLETE FOLLOWING:
 # OF EXISTING TANKS AT SITE: _____
 # OF TANKS TO BE INSTALLED: _____
 # OF TANKS TO BE REMOVED: _____
 (SEPARATE CLOSURE PERMIT REQUIRED)
 NET TANKS AT SITE: _____

(C) NEW CONSTRUCTION PLAN CLEARANCE APPLICATIONS MUST BE ACCOMPANIED BY:

- ☐ STATE APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK FOR EACH TANK TO BE INSTALLED.
☐ FOUR (4) SETS OF CONSTRUCTION PLANS AND SPECIFICATIONS.
☐ NEW CONSTRUCTION PLAN CLEARANCE FEE. ENTER AMOUNT IN SPACE PROVIDED.

NUMBER OF TANKS	PLAN CLEARANCE FEE
1	\$178
2	\$221
3	\$264
4	\$307
5	\$350
6 OR MORE	\$135 + \$43 PER TANK

- ☐ PLAN CLEARANCE FEE ----->
☐ STATE SURCHARGE OF \$56 FOR EACH TANK INCREASING NET
 NUMBER OF TANKS ----->
☐ TOTAL FEE = PLAN CLEARANCE FEE + STATE SURCHARGE ----->

ENTER FEE AMOUNTS BELOW
\$
\$
\$

MAKE CHECKS PAYABLE TO "L. A. COUNTY DEPARTMENT OF PUBLIC WORKS"

(D) SYSTEM MODIFICATION OR CHANGE PROPOSED: _____

(E) ADDENDUM APPLICATIONS MUST BE ACCOMPANIED BY:

- ☐ STATE APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK FOR EACH TANK MODIFIED OR CHANGED.
☐ FOUR (4) SETS OF CONSTRUCTION PLANS, SPECIFICATIONS AND/OR EXPLANATION OF MODIFICATIONS OR CHANGES.
☐ PERMIT ADDENDUM FEE OF \$120 ----->

\$

(F) APPLICANT OR REPRESENTATIVE:

SIGNATURE _____

TITLE _____

PRINTED NAME _____

DATE _____

CONTRACTORS SHALL FURNISH STATE CONTRACTORS LIC. No. _____ CLASS _____

FILE # 15534
PERMIT # 5927

MACLEOD METALS COMPANY

SCRAP METAL PROCESSORS
9309 RAYO AVE.
SOUTH GATE, CA 90280
PHONE 567-7767

UNION BANK
SAN FERNANDO VLY. REG. HEAD OFFICE
15233 VENTURA BLVD
SHERMAN OAKS, CA 91403
16-77/1220 303

CHECK No. **N8598 3598**

PAY One Hundred and Forty Five & No/100 Dollars

TO THE
ORDER OF

DATE

3/27/90

AMOUNT

\$*****145.00

L. A. COUNTY
DEPT. OF PUBLIC WORKS


AUTHORIZED SIGNATURE

⑈003598⑈ ⑆122000771⑆ 30343⑈3923⑈

HAZARDOUS MATERIALS UNDERGROUND STORAGE
COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
100 S. FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331

Permit	6795	B
File	15534	R/C 25
Fee	\$179-	
Check	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/>

TG p59-D3

OWNER: Name Macleod Metals Co. Phone (213) 567-7767
Mailing Address 9309 Rayo Ave City South Gate State CA Zip 90280

SITE: Occupant Name Macleod Metals Co. Phone (213) 567-7767
Site Address 9309 Rayo Ave City South Gate Zip 90280
Mailing Address _____ City _____ State _____ Zip _____
Contact Person William Lambert Title Manager

CONTRACTOR ☒ complete below: OWNER/OPERATOR AS CONTRACTOR ☐
Name Hekimian Assoc Inc Phone (714) 841-6288
State License No. 500563 Class A

CLOSURE REQUESTED:
☒ PERMANENT, TANK REMOVAL (See Conditions A and C Attached)
How many underground tanks will remain after this closure? None
☐ PERMANENT, CLOSURE IN PLACE (See Conditions A and D Attached)
☐ TEMPORARY (See Conditions A and B Attached)

TANK DESCRIPTION:		PLOT PLAN ATTACHED <input type="checkbox"/>		EXISTING HMUSP NO.	
Tank No.	Construction Material	Age (Years)	Capacity (gal)	Materials Stored (Past/Present)	
1	steel	unknown	6000	Gasoline Diesel	
2	"	"	"	Diesel	

COMPLETE THE FOLLOWING:

	YES	NO
Has an unauthorized release ever occurred at this site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have structural repairs ever been made to these tanks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will new underground tanks be installed after closure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will any wells, including monitoring wells, be abandoned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTICE: CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE CLOSED MAY BE A HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CHAPTER 6.5, CALIFORNIA HEALTH & SAFETY CODE. FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

By signature below the applicant certifies that all statements and disclosures above are true and correct and that they have read and agree to abide by this permit and all conditions and limitations attached.

Applicant's Signature [Signature] Date 3/7/90
(Print Name) Georgette Hekimian Phone (714) 841-6288
Owner ☐ Operator ☐ Contractor ☒

===== TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS =====
PURSUANT TO SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS [X]. THIS PERMIT EXPIRES 180 DAYS FROM THE DATE BELOW.

T.A. TIDEMANSON
Director of Public Works

By [Signature] Date 3/7/90

CLOSURE PERMIT SUPPLEMENT
HAZARDOUS MATERIALS UNDERGROUND STORAGE
LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
900 S. FREMONT AVENUE
ALHAMBRA, CA 91803

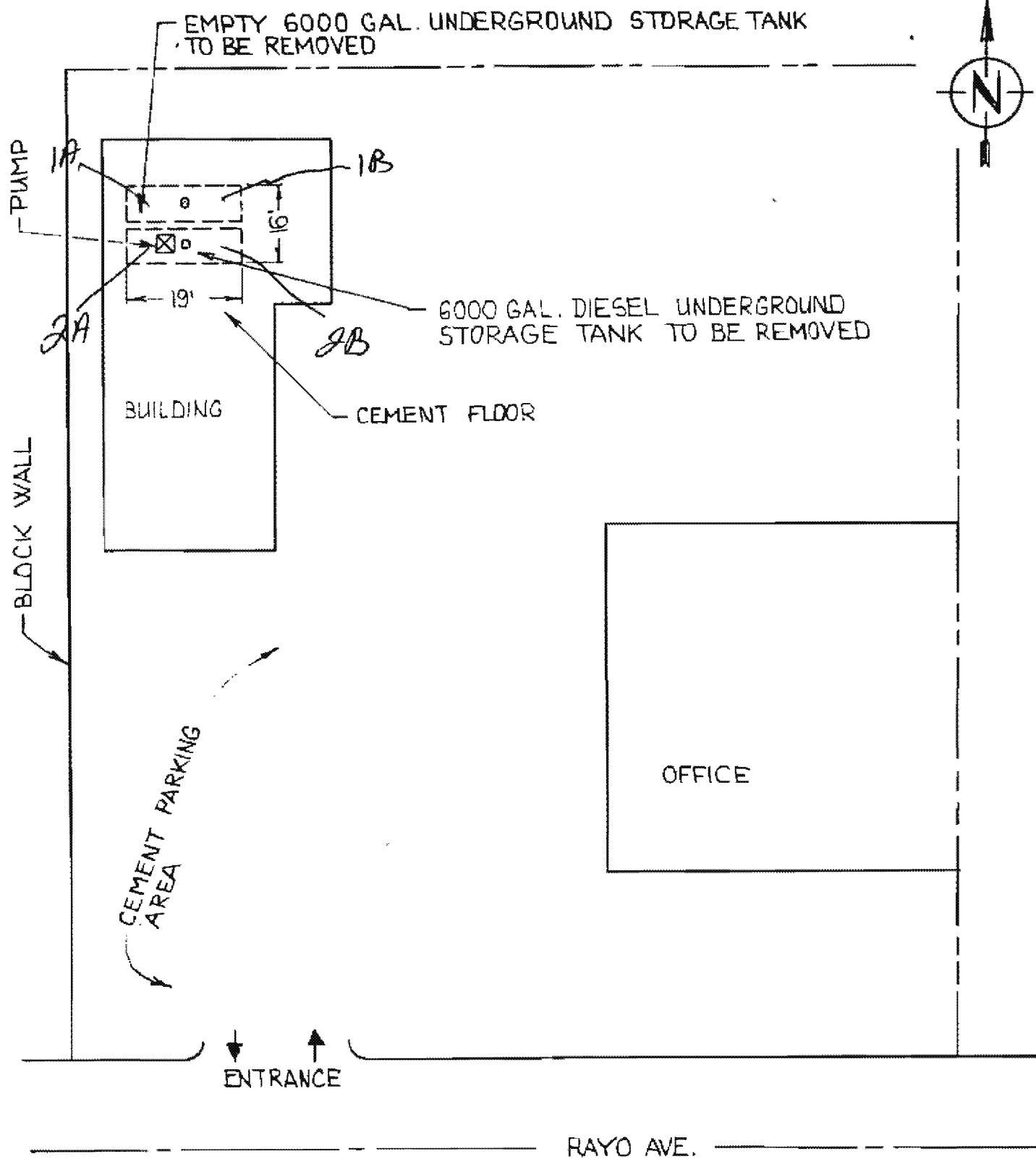
Closure Permit
No. 6795 B
File No.
1-15534-2J

To satisfy the permanent closure requirements for underground storage tanks previously storing hazardous materials, site integrity must be demonstrated by the analysis of soil samples and, if applicable, groundwater samples as outlined below. These requirements are in addition to the conditions listed on the Application for closure or contained in an approved Closure Plan.

1. Samples shall be obtained at the sampling points (SP) indicated on the attached plot plan.
2. For each SP, samples shall be obtained at the following depths:

SP	Depth(s)	Compounds	Analysis Method
<u>1A, 1B</u> <u>2A, 2B</u>	<u>2'-4' below tank rim</u>	<u>TPH</u>	<u>418-1</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. All soil samples obtained shall be undisturbed and unexposed prior to analysis. The method used to obtain the samples and the date of sampling shall be included in the final report.
4. If groundwater is encountered during sampling, a groundwater monitoring well shall be established at the most downgradient sampling point. The well shall be developed by removing a minimum of four well volumes and a groundwater sample shall be obtained and analyzed.
5. The analysis results for all soil samples shall be expressed in milligrams per kilogram (mg/kg). Analysis results for groundwater samples shall be expressed in parts per billion (ppb).
6. Analysis results shall be reported on laboratory letterhead and shall include the following information: a) The date the analysis was conducted; b) The method of extraction (if applicable); c) The method of analysis.
7. All soil/groundwater samples obtained shall be handled and transported to laboratory in strict accordance with applicable EPA regulations utilizing chain-of-custody procedures. Chain-of-custody documentation shall be included in the final report.
8. If the soil/groundwater analysis indicates undefined contamination at the facility, additional sampling shall be required to define the vertical and lateral extent present.
9. A final report that contains all of the above required information shall be submitted to the office above within one (1) month from the sampling date or 180 days from the date of this permit, whichever earlier.



HEKIMIAN & ASSOCIATES, INC.

CONSULTING ENGINEERS AND ENVIRONMENTAL PLANNERS

16571 Gemini Lane
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

MACLEOD METALS
9309 RAY AVE.
SOUTH GATE
CA 90280

PROPOSAL FOR TANKS REMOVAL

3/6/90

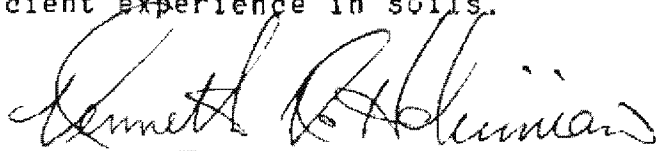
FIGURE I

LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC WORKS
CLOSURE REPORT REQUIREMENTS

A closure report shall be submitted to the Los Angeles County Department of Public Works, Waste Management Division, P.O. Box 4089, Los Angeles, CA 90051 containing:

1. File number of facility and closure permit number.
2. Plot plan to scale showing locations of tanks, sampling points, buildings, adjacent streets and north arrow.
3. Description of methods for obtaining, handling and transporting samples.
4. Time and date samples were obtained.
5. If borings were established, boring logs certified by a CA Registered Geologist, CA Certified Engineering Geologist or CA Registered Civil Engineer with sufficient experience in soils.
6. Chain-of-custody documentation initiated by person obtaining sample through person at State Department of Health Services certified laboratory.
7. Disposal destination of tanks and evidence of legal disposal.
8. Analysis results by a State certified laboratory submitted on laboratory letterhead showing analysis date, methods of extraction and methods of analysis.
9. Documentation as to depth of groundwater at facility.
10. Manifests to document hazardous waste disposal of any removed soil.
11. Any observations of site contamination.
12. Remedial action plan to mitigate contamination.
13. Report to be signed by CA Registered Geologist, CA Certified Engineering Geologist or CA Registered Civil Engineer with sufficient experience in soils.

Signature



Date

3/7/90

ATTENTION CONTRACTOR
NOTIFICATION REQUIREMENTS

Pursuant to Los Angeles County Code, Section 11,78.045, and the Conditions and Limitations of the attached Hazardous Materials Underground Storage closure Permit, you are required to complete ALL of the agency notifications indicated below within the time period specified prior to commencement of work on this closure.

☒ 72 HOURS - DEPARTMENT OF PUBLIC WORKS INDUSTRIAL WASTE ENGINEERING INSPECTORS:

>>Unless otherwise noted DPW inspectors are available at the following offices between 8:00 a.m. and 9:30 a.m. ONLY.<<

- ☐ BELLFLOWER DISTRICT - (213) 804-2584
16600 Civic Center Drive, Bellflower, CA 90607
- ☐ CENTINELA VALLEY REGION - (213) 534-4862
24320 South Narbonne Avenue, Lomita, CA 90717
- ☒ LENNOX DISTRICT - (213) 419-5650
4353 Lennox Boulevard, Lennox, CA 90304
- ☐ SAN GABRIEL VALLEY DISTRICT - (818) 574-0962
1245 South Baldwin Avenue, Arcadia, CA 90022
- ☐ EAST LOS ANGELES DISTRICT - (213) 260-3466
5141 East Pomona Boulevard, Los Angeles, CA 90022
- ☐ SAN DIMAS REGION - (818) 339-6281
201 East Pomona Boulevard, San Dimas, CA 91773
- ☐ NEWHALL REGION - (805) 253-7207
23757 West Valencia Boulevard, Santa Clarita, CA 91355

☒ 24 HOURS (OR AS REQUIRED) - LOCAL FIRE DEPARTMENT FIRE PREVENTION INSPECTOR:

☐ City of _____

☒ Los Angeles County Fire Department 213-720-5129

☒ 24 HOURS - SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

(818) 576-6195

FAILURE TO PROVIDE NOTICE AS REQUIRED ABOVE MAY RESULT IN PERMIT REVOCATION, ADDITIONAL SITE ASSESSMENT REQUIREMENTS AND/OR ADMINISTRATIVE PENALTIES AS PROVIDED BY LAW.

CLOSENOTE
12/88

ts(6)/NOTIC

CONDITIONS A -- GENERAL

1. Closures shall be carried out such that all applicable regulations from the following agencies are complied with: Los Angeles County, Department of County Engineer-Facilities; Los Angeles County Fire Department, Fire Prevention Division or the appropriate City Fire Department; South Coast Air Quality Management District; and Los Angeles County Department of Health Services.
2. The County Engineer and Fire Departments shall be notified in advance of any closure in accordance with the following:
 - a. Removal of tank shall require a three (3) business day advance notification.
 - b. Permanent closure of a tank in place or a temporary closure shall require a 30 day written notification.
3. The fee is \$141 for the first tank plus \$38 for each additional tank.
4. All abandoned wells shall be destroyed in such a way that they will not produce water or act as a channel for interchange of water, when such interchange may result in deterioration of the quality of water in any or all water bearing formations penetrated, or present a hazard to the safety and well-being of people and animals.
5. A well destruction permit issued by the Los Angeles Department of Health Services shall be required for all wells requiring a permit for their initial construction.
6. Well destruction shall be accomplished according to methods described in the latest "Water Well Standards: State of California" by the Department of Water Resources, contained in Bulletin 74-61, December 1961, or any other methods that will provide equivalent or better protection.
7. Plans for the dewatering of a facility shall be submitted to the County Engineer for approval no later than 30 days before the commencement of such operations. Other agencies having jurisdiction shall also be notified. These agencies include the California Regional Water Quality Board, the Los Angeles County Department of Health Services, and the South Coast Air Quality Management District.
8. Dewatering shall require the following, as a minimum:
 - a. Cleaning operation shall be done under the supervision of persons who understand the hazardous potential of the original liquid stored and its components.
 - b. The personnel shall be sufficiently skilled to safely carry out such operation.
 - c. Contaminated materials removed from such facility shall be disposed of at legal point of discharge.
 - d. The operation shall be carried out in a manner that will not endanger the health of the public and the environment.

CONDITIONS B -- TEMPORARY

1. All temporary closures shall be carried out as indicated in Los Angeles County Fire Department, Fire Prevention Division, Supplement #A -- Inspection Guide #6, "Sequestration or Removal of Underground Tanks," Part A and any other applicable Parts.
2. A temporary closure shall not exceed 90 days.

CONDITIONS C -- PERMANENT, TANK(S) REMOVAL

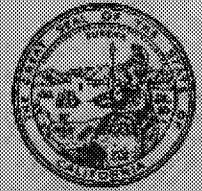
1. All tank removals shall be carried out as indicated in Los Angeles County Fire Department, Fire Prevention Division, Supplement #A -- Inspection Guide #6, Part B and any other applicable Parts.
2. Owners/operators shall notify the Building Department having jurisdiction at the place of removal if a grading permit is necessary.
3. Removed tanks shall not be transported away from the site until an inspection to establish site integrity is carried by the County Engineer.
4. If an appointment has been arranged with a County Engineer inspector to inspect the removal of a tank, the inspector will only wait at the site a reasonable amount of time (approximately one hour) after arriving for the removal to commence. Another closure fee may be charged if the inspector has to return to the site.
5. After inspection, tanks shall be transported to a legal disposal point.
6. If the tank had stored materials other than motor fuel, fuel oil, or waste oil, site integrity shall be demonstrated using the soil sampling and analysis procedures described in CONDITIONS D below.
7. The site shall be backfilled and recompact to a relative compaction of 90%.

CONDITIONS D -- PERMANENT, TANK(S) IN PLACE

1. All permanent closures of tanks in place shall comply with Los Angeles County Fire Department, Fire Prevention Division, Supplement #A -- Inspection Guide #6, Parts B or C, and any other applicable Parts.
2. Owners/operators shall demonstrate post site integrity as follows:
 - a. Test borings shall be sheet drilled to intercept a point beneath the water of the tank, if possible. If sheet drilling is not feasible, the test borings may be drilled vertically and the reason stated in the report in 2.h. below.
 - b. For single tanks, a minimum of two test borings will be required, each located on opposite sides of the tank along the major axis of the tank.
 - c. For multiple tanks, as a minimum, borings shall be placed at 20 foot intervals around the tank cluster. The actual number and location of borings shall be evaluated on a case-by-case basis. Tanks separated by 20 feet or more shall be considered single tanks for the purpose of test location and placement.
 - d. Soil samples shall be taken at depths of 5, 10, 20, 30 and 40 feet below grade level.
 - e. A Shelby Tube or a Modified California Sampler shall be utilized for taking all soil samples.
 - f. Soil samples shall be capped immediately with teflon or aluminum.
 - g. Soil samples shall not be extruded in the field but are to be immediately placed in a refrigerated ice chest and transported to a state certified laboratory for analysis, using suitable methods.
 - h. A report containing the results of the above analysis shall be submitted to the County Engineer.
3. If the soil analysis in 2. above indicates the presence of contaminants, the County Engineer shall require a site investigation as described in Chapter V of the County's "Underground Storage of Hazardous Materials -- Guidelines."
4. A report shall be submitted to the County Engineer containing the results of the site investigation.

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM

FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No. 31356

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS — (MUST BE COMPLETED)

FACILITY/SITE NAME <i>Haddock Mfg. Co.</i>		CARE OF ADDRESS INFORMATION	
ADDRESS <i>9307 Rayo Ave</i>		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to military <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL
CITY NAME <i>South Gate</i>		STATE CA	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTION <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 BOX & INDIAN RESERVATION <input type="checkbox"/> 6 OTHER		ZIP CODE <i>90280</i>	PHONE # WITH AREA CODE <i>(818) 567-7767</i>
EMERGENCY CONTACT PERSON (PRIMARY) DAYS: NAME (LAST, FIRST) <i>William Lambert</i> NIGHTS: NAME (LAST, FIRST) <i>William Lambert</i>		EMERGENCY CONTACT PERSON (SECONDARY) DAYS: NAME (LAST, FIRST) <i>567-7767</i> NIGHTS: NAME (LAST, FIRST) <i>567-7767</i>	
PHONE # WITH AREA CODE <i>(818) 567-7767</i>		PHONE # WITH AREA CODE <i>(818) 567-7767</i>	

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME <i>En</i>		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS		<input checked="" type="checkbox"/> Box to military <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
CITY NAME		STATE	PHONE # WITH AREA CODE

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME <i>En</i>		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS		<input checked="" type="checkbox"/> Box to military <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
CITY NAME		STATE	PHONE # WITH AREA CODE

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING:	<input checked="" type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)

DATE

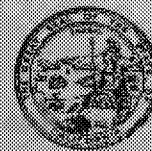
3/2/90

LOCAL AGENCY USE ONLY

COUNTY # <i>19</i>	JURISDICTION # <i>000</i>	AGENCY # <i>001</i>	FACILITY ID # <i>15534</i>	# of TANKS at SITE <i>49</i>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE <i>23</i>	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	BURCHARGE AMOUNT	FEE CODE	RECEIPT #
BY <i>JC</i>				

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)

LOCAL AGENCY COPY

FORM 'B':
TANKUNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED
FACILITY/SITE NAME WHERE TANK IS INSTALLED: <u>7309 Pajo Ave</u>				FARM TANK - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

I. TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN -- SO SPECIFY

A. OWNER'S TANK ID # <u>1</u>	B. MANUFACTURED BY <u>N/A</u>
C. YEAR INSTALLED <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>6000</u>

II. TANK CONTENTS IF (A.1) IS MARKED, COMPLETE ITEM C. IF (A.1) IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM		B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input checked="" type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 2 LEADED <input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 4 OIL		<input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS	
<input type="checkbox"/> 5 HAZARDOUS <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #			C.A.S. #

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 96 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINING	<input type="checkbox"/> 2 ALKYL LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 6 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A. U 1. Suction	A. U 2. Pressure	A. A 3. Gravity	A. U 4. None	A. U 5. Unknown	A. U 99 Other
B. CONSTRUCTION	A. U 1. Single Walled	A. U 2. Double Walled	A. U 3. Lined Trench	A. U 4. None	A. U 5. Unknown	A. U 99 Other
C. MATERIAL	A. U 1. Steel/Iron	A. U 2. Stainless Steel	A. U 3. Polyvinyl Chloride (PVC)	A. U 4. Fiberglass Pipe	A. U 5. None	
	A. U 6. Aluminum	A. U 7. Concrete	A. U 8. Steel Clad W/FRP	A. U 9. 100% Methanol Compatible FRP		
	A. U 10. Galvanized Steel	A. U 95. Unknown	A. U 99. Other			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P 1. Visual Check	P 2. Inventory Reconciliation	P 3. Snagging Poles	P 4. Electronic Monitor	P 5. Ground Water Monitoring Wells
P 6. Precision Testing	P 7. Pressure Testing	P 8. None	P 9. Unknown	P 99. Other

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MM/YY)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK (GALLONS)	3. WAS TANK FILLED WITH HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT.

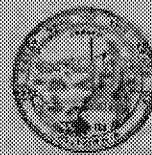
APPLICANT'S NAME (PRINTED & SIGNED)

DATE

LOCAL AGENCY USE ONLY

COUNTY # <u>19</u>	JURISDICTION # <u>000</u>	AGENCY # <u>001</u>	FACILITY ID # <u>15534</u>	TANK ID # <u>1</u>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER <u>1735 B</u>		PERMIT APPROVAL DATE <u>3-7-90</u>		PERMIT EXPIRATION DATE
CHECK #	PERMIT AMOUNT	JURISDICTION AMT.	FEE CODE	RECEIPT #
				BY: <u>J</u>

No 58436

FORM 'B':
TANKUNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED TANK
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED
FACILITY/SITE NAME WHERE TANK IS INSTALLED:				FARM TANK - YES <input type="checkbox"/> NO <input type="checkbox"/>

I. TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

A. OWNER'S TANK ID #	B. MANUFACTURED BY:
C. YEAR INSTALLED	D. TANK CAPACITY IN GALLONS:

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM		B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 2 LEADED <input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 4 OIL		<input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS	
<input type="checkbox"/> 5 HAZARDOUS <input type="checkbox"/> 90 EMPTY <input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #			C.A.S. #

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED <input type="checkbox"/> 4 SECONDARY CONTAINMENT <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP
	<input type="checkbox"/> 9 BRONZE <input type="checkbox"/> 10 GALVANIZED STEEL <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINING <input type="checkbox"/> 2 ALKYL LINING <input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 FIBERGLASS LINING
	<input type="checkbox"/> 5 GLASS LINING <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 12 LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 TAR OR ASPHALT <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 Suction	A U 2 Pressure	A U 3 Gravity	A U 91 None	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 None	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS FIBRE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PERMEATION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MM/YY)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

APPLICANT'S NAME (PRINTED & SIGNED)

DATE

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
19	000	001	15534	2
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER		PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	
67958		3-7-90		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY: JC

UST LOCAL OVERSITE PROGRAM - SITE ADD SHEET

**** SITE INFORMATION ****

Site ID: 15534 Site Name: Maclead Metals Company
 Street Number: 9309 Street: Rayo Avenue
 City: South Gate ZIP Code: 90280
 Project Engineer (emp #): ~~Amoah~~ (M.) Preliminary Review: MDE
 LOP Status (I/R/U/C): U Inspector: Log in Date: 08/14/90 Clerk: VC

**** QUARTERLY REPORT INFORMATION ****

Funding (S/F): F Federal Exempt? (Y/N): N Substance (code): 12034
 Petroleum? (Y/N): Y Date Reported (to county): 04/25/90
 Date Confirmed (into PP): 07/16/90 Rank: Case Type (U/S/G/D): S
 Contract Status (1-9): 2 Date of Emergency Response:
 RP Search (S/I/R/N/): Date Begin: 07/16/90 Date End: 07/16/90
 Prelim Investigation (U/C): Date Begin: Date End:
 Site Assessment (U/C): Date Begin: Date End:
 Remedial Action (U/C): Date Begin: Date End:
 Post Rem. Monitor (Y/N/U/C): Date Begin: Date End:
 Enforcement Act. Taken? (Y/N): Type(1-5): Date Enf. Taken:
 Date Last Correspondence Received: Case Closed? (R/Y/):
 Date Remedial Excavation Started: Date Case Closed:
 Remedial Action Taken (code): LUFT Category (1/2/3): 2

**** RESPONSIBLE PARTY ADDRESS ****

RP Contact Name: William Lambert FAX:
 RP Company Name: Maclead Metals Company Phone: (213) 567-7767
 Street Number: 9309 Street: Rayo Avenue
 City: South Gate State & ZIP: CA 90280

**** CURRENT CONSULTANT ADDRESS ****

Contact Person Name: Framl S. Muramoto
 Phone Number: (714) 632-8521 FAX: (714) 632-6754
 Company Name: Environmental Audit
 # and Street: 1000-A Ortega Way
 City, State ZIP: Placentia, CA 92670-7125

Comment:

File No. 15534

SITE SPECIFIC STATUS SHEET

Project Manager: ~~Amos~~, ~~0~~ (NL)

Inspector:

Local Oversight Program Status: U

Date of Printing: 08/15/90

SITE NAME & ADDRESS:

Maclead Metals Company

9309 Rayo Avenue

South Gate, CA 90280

RESPONSIBLE PARTY NAME & ADDRESS

Maclead Metals Company

William Lambert

9309 Rayo Avenue

South Gate CA 90280

(213) 567-7767 FAX:

CONSULTANT NAME & ADDRESS

Environmental Audit

Frank S. Muramoto

1000-A Ortega Way

Placentia, CA 92670-7125

(714) 632-8521 FAX: (714) 632-6754

SDOHS Variance:

Soil Contamination?

GW Contamination?

SCAQMD Permit:

Deepest Contamination: ft

Depth to GW (actual) : ft

Health & Safety Plan:

High Contam Level (ppm):

Depth to GW (historic): ft

Probable Contaminants:

GW Contam Level (ppb) :

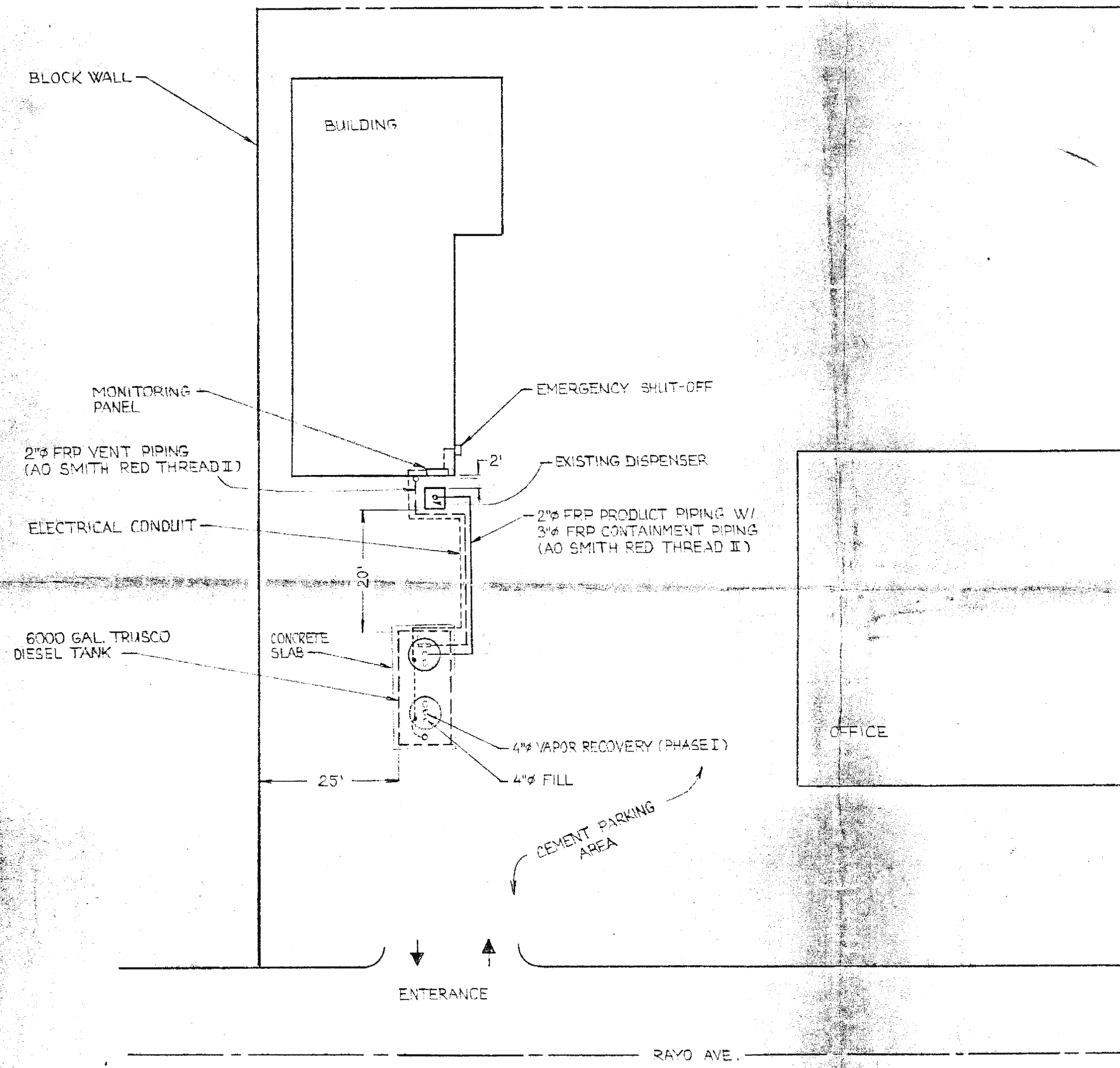
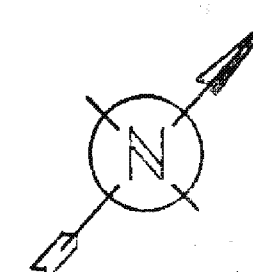
CORRESPONDENCE RECEIVED

CORRESPONDENCE SENT

Date	Letter# Reviewed?	Title of Report	Brief Summary of Report	By	Title of Corresp.	Date Due Reply	Rec'd
08/16/90					PAP Notice To RP		*

SITE SUMMARY:

COMMENTS:



Los Angeles County
DEPT. OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
CLEARANCE
FOR UNDERGROUND STORAGE
OF HAZARDOUS MATERIALS

Permits for the underground storage of hazardous materials including secondary containments, piping connected thereto, monitoring devices, vents or other appurtenances shall be installed as shown on this plan and in compliance with the Fire Code, Mechanical Code, and other applicable laws and ordinances. No additions or alterations shall be made without the written permission of the Dept. of Public Works.
BY *[Signature]* DATE *3-27-90*
Waste Management Division

03-27-90

OFFICE COPY

HEKIMIAN & ASSOCIATES, INC.		16571 Gemini Lane Huntington Beach, CA 92647 (714) 841-6288	
CONSULTING ENGINEERS AND ENVIRONMENTAL PLANNERS			
SCALE: NTS	APPROVED BY: <i>[Signature]</i>	DRAWN BY: V.S.	
DATE: 3/6/90		J.N. 496 I	
MACLEOD METALS 9309 RAYO AVE., SOUTH GATE, CA 90280			
INSTALLATION OF 6000 GAL. TRUSCO DIESEL TANK		DRAWING NUMBER FIGURE 1	

6" THICK REINFORCED CONCRETE SLAB
3000 PSI #6 SK (28 DAYS) W/#4
REINFORCED BARS 12" O.C.E.W. 2" BELOW
THE TOP

WATER TIGHT, LOCKABLE MONITORING
MANHOLE (CNI 209-BMW)

36" Ø CNI MANHOLE # 239 W/
10 GAL. CONTAINMENT # 272

4" Ø VAPOR RECOVERY CAP

4" Ø VAPOR RECOVERY ADAPTOR

4" Ø FILL CAP

4" Ø FILL ASSY W/
OVERSPILL BOX

4" Ø FILL TUBE

PEA GRAVEL

JUNCTION BOX W/SEAL OFF

2" Ø SLOTTED PVC PIPE

TANK SUMP

TANK SUMP LIQUID SENSOR
(MSA TANKGARD #482607)

4" Ø VAPOR RECOVERY TUBE
(N/A W/COAXIAL FILL)

UNIVERSAL 421 EXTRACT-
ABLE VENT VALVE ASSY.
W/ UNIVERSAL 37 BALL
FLOAT VALVE

4" Ø ALUMINIUM DROP TUBE

TANK BOTTOM DEFLECTOR
GAUGE PLATE

SUBMERSIBLE PUMP

FILTER FABRIC
(IF REQUIRED)

SAND OR PEA GRAVEL

LEGEND:

- 1 1/2" ELECTRICAL CONDUIT
- 2 2" Ø FRP PRODUCT PIPING W/3" Ø FRP CONTAINMENT
PIPING (AO SMITH RED THREAD II)
- 3 2" Ø FRP VENT PIPING (AO SMITH RED THREAD II)
- 4 ANNULAR SPACE LIQUID SENSOR (MSA
TANKGARD #482607)

NOTES:

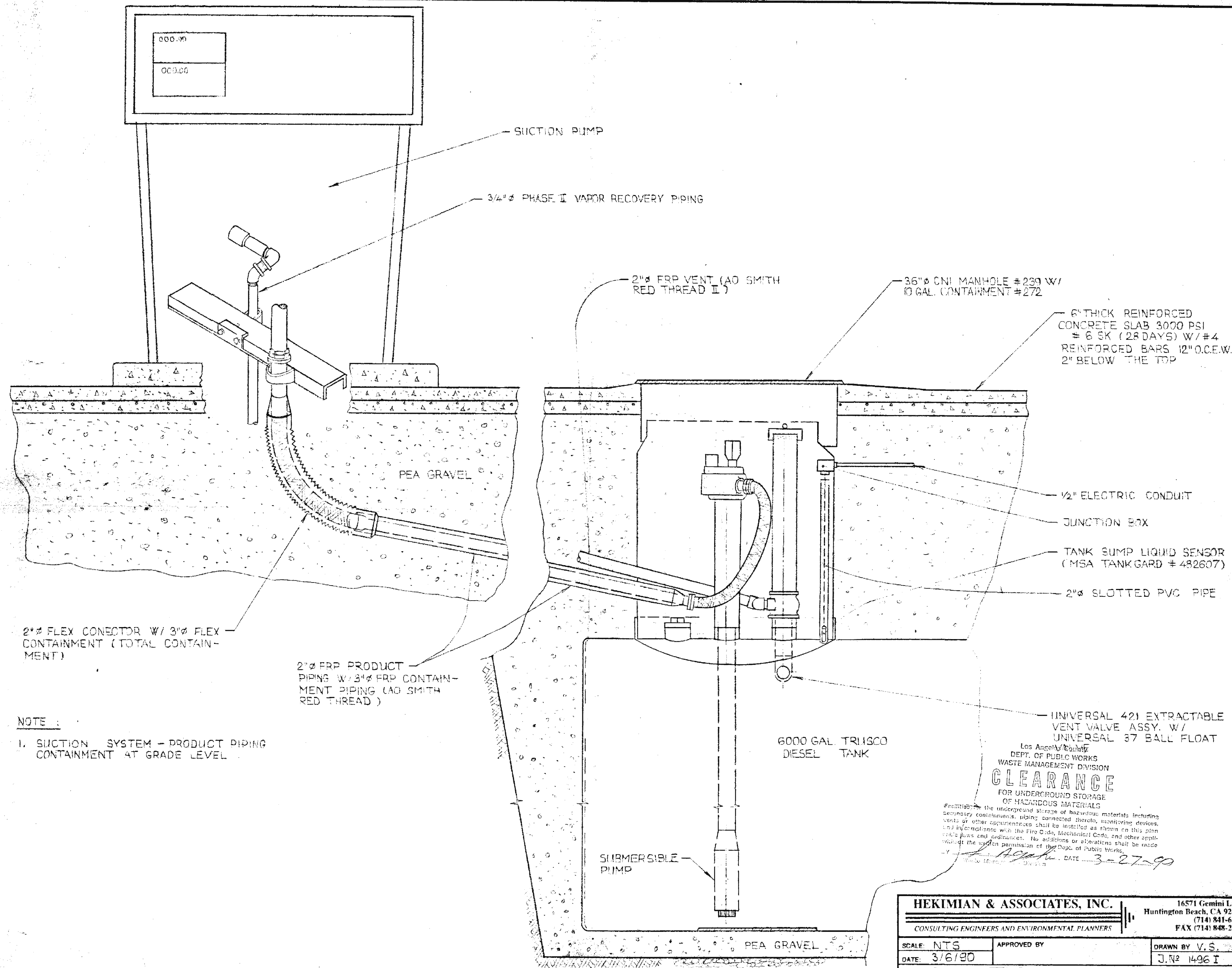
1. ALL UNDERGROUND PIPING TO SLOPE MIN. 1/4"/FT. TO TANK
2. VENT PIPING TO EXTEND MIN. 6" ABOVE ROOF TOP
3. UPON DELIVERY THE TANK MUST BE PRESSURE TESTED PER MANUFACTURER SPECS.
4. BEFORE BACKFILL THE TANK'S SYSTEM MUST BE HYDROSTATICALLY TESTED (HORN ERY CHEK)
5. ELECTRICAL CONDUIT TO BE PROVIDED WITH SEAL OFF FITTINGS AT BOTH ENDS

Los Angeles County
DEPT. OF PUBLIC WORKS
WASTE MANAGEMENT DIVISION
CLEARANCE
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secondary containment, piping connected thereto, monitoring devices,
vents or other appurtenances shall be installed as shown on this plan
and in compliance with the Fire Code, Mechanical Code, and other appli-
cable laws and ordinances. No additions or alterations shall be made
without the written permission of the Dept. of Public Works.
BY *[Signature]* DATE *3-27-90*
Waste Management Division

HEKIMIAN & ASSOCIATES, INC.		16571 Gemini Lane Huntington Beach, CA 92647 (714) 841-6288 FAX (714) 848-2603	
CONSULTING ENGINEERS AND ENVIRONMENTAL PLANNERS			
SCALE: 1"=1'-3 1/2"	APPROVED BY	DRAWN BY V.S.	
DATE: 3/8/90		J. No 1496 I	
MACLEOD METALS 9309 RAYO AVE., SOUTH GATE, CA 90280			
6000 GAL. TRUSCO DIESEL TANK (TYPE "C", CONFIGURATION "E")		DRAWING NUMBER FIGURE 2	

(RED JACKET)



HEKIMIAN & ASSOCIATES, INC.

16571 Gemini Lane
Huntington Beach, CA 92647
(714) 841-6288
FAX (714) 848-2603

SCALE: NTS	APPROVED BY	DRAWN BY V.S.
DATE: 3/6/90		J.N. 1496 I
MACLEOD METALS 9309 RAYO AVE., SOUTH GATE, CA 90280		DRAWING NUMBER FIGURE 3
TANK PIPING INSTALLATION		

LIST of MATERIALS

SPECIFICATIONS :

UNDERGROUND STORAGE TANK

STEEL ACE BUEHLER DW
MODERN WELDING DW
JOOR MFG. DW
TRUSCO DW
FIBERGLASS OWENS CORNING DW
XERSES DW

ABOVE GROUND STORAGE TANK

SINGLE WALL: KESSEE
DOUBLE WALL: CONVAULT

FITTINGS AND ACCESSORIES

OVERFILL PROTECTION MANHOLE EBW 705
OPW 84
POMECO III (traffic rated)
CNI 264

MANHOLES: EBW 781
OPW 104
CNI 214
POMECO III WT
CNI 239 - 36" Ø

EXTRACTOR VENT VALVE EBW 310, 320
OPW 233 MSD
OPW 233 SD
EWA 79-001
EWA 79-004
UNIVERSAL 421
(4' x 2' x 2')

FILL/DROP TUBES
COAXIAL EBW 306-300
OPW 633-TC
EWA 89-001
STRAIGHT EBW 782
OPW 61T
EWA 20-004

FILL CAP SIDE SEAL EBW 775-4"
OPW 62TT-4"
EWA 49-001-4"

ANGLE CHECK VALVE UNIV 410E

TOP SEAL EBW 777-4"
OPW 634TT-4"
EWA 97-002-4"

FOOT VALVE EBW 150

FILL ADAPTOR TOP SEAL EBW 778-4"
OPW 663T-4"
EWA 30-014-4"

SIDE SEAL EBW 776-4"
OPW 61AS-4"
EWA 49-001-4"

MISC. CAPS EXTRACTOR CAP EBW 760-4"
OPW 4"
EBW 770
EWA 584-003

VAPOR RECOVERY ADAPTOR EBW 300
OPW 1611-AU
EWA 76-005

VAPOR RECOVERY CAP EBW 304
OPW 1711T
EWA 99-002

MONITORING SYSTEM

HYDROSTATIC OWENS CORNING FIBERGLASS
MODEL SB 0011A W/ RESERVOIR
LIQUID-VAPOR LEAK ALERT
API RONAN
MSA TANKGARD
AUTOMATIC TANK VEEDER ROOT TLS 250
GAUGING TIDEL SYSTEM
ERM 360T

EXCAVATION & PLACEMENT:

EXCAVATE MINIMUM SIZE HOLE FOR THE TANK TO BE INSTALLED. WALLS OF THE TANK HOLE SHALL BE CUT AS STRAIGHT AS POSSIBLE TO ALLOW MINIMUM EARTH DISTURBANCE. DURING EXCAVATION LATERAL SUPPORT OF ADJACENT PROPERTIES AND STRUCTURES MUST BE MAINTAINED. TEMPORARY SHORING, CRIBBING ETC. SHALL BE REMOVED DURING BACKFILLING OPERATIONS. IN THE EVENT AN UNDERWATER CONDITION IS ENCOUNTERED, PUMP THE HOLE TO REDUCE THE WATER TO A MINIMUM, ADD PRODUCT TO BALLAST AND SETTLE THE TANK FIRMLY ON THE BED. WHERE A TANK MAY HAVE TO BE ANCHORED BECAUSE OF A HIGH WATER TABLE, PRE-SHAPED FIBERGLASS HOLD DOWN STRAPS ARE AVAILABLE FROM TANK MANUFACTURER.

AN ENGINEER DESIGNED REINFORCED CONCRETE HOLD DOWN SLAB SHALL BE PLACED BELOW THE TANK TO PREVENT FLOATING CAUSED BY THE HIGH WATER TABLE, OR DEADMEN SHALL BE PLACED PARALLEL TO THE TANK FOR ANCHORAGE. SET TANKS ON MIN 12" THICK OF PEAGRAVEL OR STONE CRUSHING CUSHION. SLOPE TANK BOTTOM TO INSURE SLOPE OF 1" IN 10' 00" TOWARD FILL END. HANDLE TANKS CAREFULLY. DO NOT ROLL TANKS. USE LIFTING LUGS. DO NOT USE CHAINS OR CABLES AROUND TANKS. TANK AND TANK FITTINGS SHALL BE TESTED WITH 5 PSI AIR PRESSURE AFTER BEING PROPERLY POSITIONED IN THE HOLE AND PRIOR TO BACKFILLING. BACKFILL MATERIAL SHALL BE PEAGRAVEL 1/4" NOMINAL NATURALLY ROUNDED AGREGATE WITH PARTICLES RANGING FROM NOT LESS THAN 1/8" TO NOT MORE THAN 3/4" IN DIAMETER. CLEAN AND FREE FLOWING. STONE CRUSHING TO BE ANGULAR PARTICLES RANGING FROM NOT LESS THAN 1/8" TO NOT MORE THAN 1/2" IN DIAMETER, WASHED AND FREE FLOWING. THIS MATERIAL MUST MEET ALL ASTM C-33 PARAGRAPH 9.1 REQUIREMENTS FOR QUALITY AND SOUNDNESS.

PETROLEUM PRODUCT AND VENT PIPING

PRODUCT PIPE AT TANKS, RISERS AT PUMP ISLAND AND VENT RISERS SHALL BE STANDARD SCHEDULE 40 HOT DIPPED GALVANIZED STEEL PIPE OR FRP. FITTINGS SHALL BE 150 LBS GALVANIZED UNIONS AND COUPLINGS SHALL BE STD. API 300 LBS. ALL HORIZONTAL PIPE RUNS SHALL BE MADE UP WITH A0 SMITH RED THREAD RPT 70 PIPE AND FITTINGS. ALL STEEL PIPE AND FITTINGS SHALL BE HAND WRAPPED WITH 20 MIL SINGLE WRAP OR 10 MIL DOUBLE WRAP PVC OR POLYETHYLENE TAPE. EACH LAYER SHALL BE SPIRALLY WRAPPED WITH 1/2" OVERLAP. BACKFILL MATERIAL SHALL BE CLEANED WASHED SAND DEPOSITED IN 6" THICK LAYERS AND COMPACTED WITH SUITABLE TAMPERS TO THE DENSITY OF ADJACENT SOIL. WATER SHALL BE ADDED ONLY AS REQUIRED TO OBTAIN COMPLETE COMPACTION. ALL HORIZONTAL PRODUCT AND VENT PIPING SHALL SLOPE UPWARD FROM TANK A MINIMUM OF 1/4" PER FOOT. FOR ALL DIRECTIONAL CHANGES (HORIZONTAL TO VERTICAL) IN PRODUCT AND VENT LINES A SWING JOINT SHALL BE INSTALLED, CONSISTING OF 2-90° BLACK IRON ELBOWS WITH SHORT NIPPLE.

AFTER COMPLETING THE PIPING AND BEFORE BACKFILLING OVER AND AROUND THE LINES OR TANK, THE PIPING SHALL BE DISCONNECTED FROM TANKS AND PUMPS AND AIR PRESSURE TESTED AT 100 PSI FOR ONE HOUR. INSTALL CAST IRON PLUGS IN ALL UNUSED TANK OPENINGS AND TIGHTEN SECURELY BEFORE BACKFILLING. AFTER MAKING FINAL CONNECTIONS A PRECISION TANK TEST SHOULD BE PERFORMED FOR MINIMUM TWO HOURS.

STRAINERS ARE TO BE CLEANED BEFORE CALIBRATION OF THE PUMP. ALL PUMPS SHALL BE CALIBRATED AT 0 CUBIC INCHES.

VENT PIPES SHALL TERMINATE OUTSIDE OF THE BUILDINGS AT A POINT NOT LESS THAN 8 FEET ABOVE THE FILL OPENING AND NOT LESS THAN 12 FEET ABOVE THE ADJACENT GROUND LEVEL.

For all petroleum compatible storage system, clearly indicate that all readily accessible components which are not petroleum compatible shall be retrofitted to the fuels into the storage system.

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BY *[Signature]* DATE *3-20-90*
Waste Management Division

HEKIMIAN & ASSOCIATES, INC.		16571 Central Lane Huntington Beach, CA 92647 (714) 841-6288	
CONSULTING ENGINEERS AND ENVIRONMENTAL PLANNERS		DRAWN BY J. N. 1496 T	
SCALE NTS	DATE 1/9/90	UNDERGROUND STORAGE TANKS SPECIFICATIONS AND LIST OF MATERIALS	
MACLEOD METALS 9309 RAYO AVE., SOUTH GATE, CA 90280		DRAWING NUMBER FIGURE 5	